



Veterans and Homelessness

Libby Perl

Specialist in Housing Policy

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Summary

The wars in Iraq and Afghanistan have brought renewed attention to the needs of veterans, including the needs of homeless veterans. The Department of Veterans Affairs (VA) reported that in FY2008 it assessed more than 1,500 veterans who served in the Operation Iraqi Freedom and Operation Enduring Freedom theater of operations for participation in its Health Care for Homeless Veterans Program. Both male and female veterans have been overrepresented in the homeless population, and as the number of veterans increases due to these conflicts, there is concern that the number of homeless veterans could rise commensurately. The current economic downturn also has raised concerns that homelessness could increase among all groups, including veterans.

Congress has created numerous programs that serve homeless veterans specifically, almost all of which are funded through the Veterans Health Administration. These programs provide health care and rehabilitation services for homeless veterans (the Health Care for Homeless Veterans and Domiciliary Care for Homeless Veterans programs), employment assistance (Homeless Veterans Reintegration Program and Compensated Work Therapy program), transitional housing (Grant and Per Diem program) as well as other supportive services. The VA also works with the Department of Housing and Urban Development (HUD) to provide permanent supportive housing to homeless veterans through the HUD-VA Supported Housing Program (HUD-VASH). In the HUD-VASH program, HUD funds rental assistance through Section 8 vouchers while the VA provides supportive services. In addition, two newly enacted programs focus on homelessness prevention through supportive services: the VA's Supportive Services for Veteran Families program and a VA and HUD homelessness prevention demonstration program.

Several issues regarding veterans and homelessness have become prominent, in part because of the Iraq and Afghanistan wars. One issue is ending homelessness among veterans. In November 2009, the VA announced a plan to end homelessness within five years. Both the VA and HUD have taken steps to increase housing and services for homeless veterans. Funding for VA programs has increased in recent years (see **Table 4**) and Congress has appropriated funds to increase available units of permanent supportive housing through the HUD-VASH program. In each of the FY2008, FY2009, and FY2010 HUD appropriations acts, Congress provided funds sufficient to support more than 10,000 new vouchers per year which have been distributed to housing authorities in all 50 states, the District of Columbia, Puerto Rico, and Guam.

A second issue is the concern that veterans returning from Iraq and Afghanistan who are at risk of homelessness may not receive the services they need. Efforts are being made to coordinate services between the VA and Department of Defense to ensure that those leaving military service transition to VA programs. In addition, concerns have risen about the needs of female veterans, whose numbers are increasing. Women veterans face challenges that could contribute to their risks of homelessness. They are more likely to have experienced sexual trauma than women in the general population and are more likely than male veterans to be single parents. Few homeless programs for veterans have the facilities to provide separate accommodations for women and women with children.

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Introduction

The wars in Iraq and Afghanistan have brought renewed attention to the needs of veterans, including the needs of homeless veterans. Homeless veterans initially came to the country's attention in the 1970s and 1980s, when homelessness generally was becoming a more prevalent and noticeable phenomenon. The first section of this report defines the term "homeless veteran," discusses attempts to estimate the number of veterans who are homeless, and presents the results of studies regarding the demographic characteristics of homeless veterans as well as those served in VA homeless programs.

At the same time that the number of homeless persons began to grow, it became clear through various analyses of homeless individuals that homeless veterans were overrepresented in the homeless population. The second section of this report summarizes the available research regarding the overrepresentation of both male and female veterans, who have been found to be present in greater percentages in the homeless population than their percentages in the general population. This section also reviews research regarding possible explanations for why homeless veterans have been overrepresented.

In response to the issue of homelessness among veterans, the federal government has created numerous programs to fund services and transitional housing specifically for homeless veterans. The third section of this report discusses these programs. The majority of programs are funded through the Department of Veterans Affairs (VA). Within the VA, the Veterans Health Administration (VHA), which is responsible for the health care of veterans, operates all but one of the programs for homeless veterans. The Veterans Benefits Administration (VBA), which is responsible for compensation, pensions, educational assistance, home loan guarantees, and insurance, operates the other. In addition, the Department of Labor (DOL) and the Department of Housing and Urban Development (HUD) operate programs for homeless veterans.

Several issues regarding homelessness among veterans have become prominent since the beginning of the conflicts in Iraq and Afghanistan. The fourth section of this report discusses three of these issues. The first is the VA's plan to end homelessness among veterans. A second issue is ensuring that an adequate transition process exists for returning veterans to assist them with issues that might put them at risk of homelessness. Third is the concern that adequate services might not exist to serve the needs of women veterans. This report will be updated when new statistical information becomes available and to reflect programmatic changes.

Overview of Veterans and Homelessness

Homelessness has always existed in the United States, but only in recent decades has the issue come to prominence. In the 1970s and 1980s, the number of homeless persons increased, as did their visibility. Experts cite various causes for the increase in homelessness. These include the demolition of single room occupancy dwellings in so-called "skid rows" where transient single men lived, the decreased availability of affordable housing generally, the reduced need for seasonal unskilled labor, the reduced likelihood that relatives will accommodate homeless family members, the decreased value of public benefits, and changed admissions standards at mental

hospitals.¹ The increased visibility of homeless persons was due, in part, to the decriminalization of actions such as public drunkenness, loitering, and vagrancy.²

Homelessness occurs among families with children and single individuals, in rural communities as well as large urban cities, and for varying periods of time. Depending on circumstances, periods of homelessness may vary from days to years. Researchers have created three categories of homelessness based on the amount of time that individuals are homeless.³ First, transitionally homeless people are those who have one short stay in a homeless shelter before returning to permanent housing. In the second category, those who are episodically homeless frequently move in and out of homelessness but do not remain homeless for long periods of time. Third, chronically homeless individuals are those who are homeless continuously for a period of one year or have at least four episodes of homelessness in three years. Chronically homeless individuals often suffer from mental illness and/or substance use disorders. Although veterans experience all types of homelessness, they are thought to be chronically homeless in higher numbers than nonveterans.⁴

Homeless veterans began to come to the attention of the public at the same time that homelessness generally was becoming more common. News accounts chronicled the plight of veterans who had served their country but were living (and dying) on the street.⁵ The commonly held notion that the military experience provides young people with job training, educational and other benefits, as well as the maturity needed for a productive life, conflicted with the presence of veterans among the homeless population.⁶

Definition of “Homeless Veteran”

In order to qualify for assistance under the homeless veteran programs governed by Title 38 of the U.S. Code, veterans must meet the definition of “homeless veteran.” Although the term “homeless veteran” might appear straightforward, it contains two layers of definition.⁷ First, the definition of “veteran” for purposes of Title 38 benefits (the Title of the United States Code that governs veterans benefits) is a person who “served in the active military, naval, or air service” and was not dishonorably discharged.⁸ In order to be a veteran who is eligible for benefits according to this definition, at least four criteria must be met. (For a detailed discussion of these

¹ Peter H. Rossi, *Down and Out in America: The Origins of Homelessness* (Chicago: The University of Chicago Press, 1989), 181-194, 41. See, also, Martha Burt, *Over the Edge: The Growth of Homelessness in the 1980s* (New York: Russell Sage Foundation, 1992), 31-126.

² *Down and Out in America*, p. 34; *Over the Edge*, p. 123.

³ See Randall Kuhn and Dennis P. Culhane, “Applying Cluster Analysis to Test a Typology of Homelessness by Pattern of Shelter Utilization: Results from the Analysis of Administrative Data,” *American Journal of Community Psychology* 26, no. 2 (April 1998): 210-212.

⁴ Martha R. Burt, Laudan Y. Aron et al., *Homelessness: Programs and the People They Serve, Technical Report*, Urban Institute, December 1999, p. 11-1, available at http://www.huduser.org/Publications/pdf/home_tech/tchap-11.pdf. Of homeless male veterans surveyed, 32% reported being homeless for 13 or more months, versus 17% of nonveteran homeless men.

⁵ Marjorie J. Robertson, “Homeless Veterans, An Emerging Problem?” in *The Homeless in Contemporary Society*, ed. Richard J. Bingham, Roy E. Green, and Sammis B. White (Newbury Park, CA: Sage Publications, 1987), 66.

⁶ *Ibid.*, pp. 64-65.

⁷ The United States Code defines the term as “a veteran who is homeless” as defined by the McKinney-Vento Homeless Assistance Act. 38 U.S.C. § 2002(1).

⁸ 12 U.S.C. § 101(2).

criteria see CRS Report RL33113, *Veterans Affairs: Basic Eligibility for Disability Benefit Programs*, by Douglas Reid Weimer.)

Second, veterans are considered homeless if they meet the definition of “homeless individual” codified as part of the McKinney-Vento Homeless Assistance Act (P.L. 100-77).⁹ Specifically, the statute defining homeless veteran refers to Section 103(a) of McKinney-Vento. Until recently, Section 103(a) defined a homeless individual as (1) an individual who lacks a fixed, regular, and adequate nighttime residence, and (2) a person who has a nighttime residence that is

- a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill);
- an institution that provides a temporary residence for individuals intended to be institutionalized; or
- a public or private place not designed for, nor ordinarily used as, a regular sleeping accommodation for human beings.

However, legislation was recently enacted that changed the definition of “homeless individual” under McKinney-Vento. The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act was enacted as part of the Helping Families Save Their Homes Act of 2009 (P.L. 111-22) on May 20, 2009. The changes in the HEARTH Act were to take effect at the earlier of 18 months from the date of its enactment—on or about November 20, 2010—or three months from the date on which the Department of Housing and Urban Development (HUD) publishes final regulations. While the new law has technically taken effect, then, HUD has not published final regulations and has stated that until new regulations become effective, the current regulations governing the Homeless Assistance Grants, including the definition of homelessness, continue in place.¹⁰

The HEARTH Act amended Section 103(a) of McKinney-Vento to broaden the definition of homeless individuals and to move away from what had been a requirement for literal homelessness.

- **Transitional Housing:** The HEARTH Act amends the Section 103(a) definition of homeless individual to include all those persons living in transitional housing, not just those residing in transitional housing for the mentally ill as in the previous version of the law.
- **Hotel/Motel:** The new law also includes in the definition persons living in hotels or motels paid for by a government entity.
- **Imminent Loss of Housing:** P.L. 111-22 adds to the current definition those individuals and families who meet all of the following criteria. (1) They will “imminently lose their housing,” whether it be their own housing, housing they

⁹ The McKinney-Vento definition of homeless individual is codified at 42 U.S.C. § 11302(a).

¹⁰ Email from Ann Marie Oliva, Director, Office of Special Needs Assistance Programs, U.S. Department of Housing and Urban Development, March 4, 2011. HUD published a proposed rule to clarify the changed definition in the HEARTH Act in April 2010 and accepted comments through June 21, 2010. See U.S. Department of Housing and Urban Development, “Homeless Emergency Assistance and Rapid Transition to Housing: Defining ‘Homeless’,” 75 *Federal Register* 20541-20546, April 20, 2010.

are sharing with others, or a hotel or motel not paid for by a government entity. Imminent loss of housing is evidenced by an eviction requiring an individual or family to leave their housing within 14 days; a lack of resources that would allow an individual or family to remain in a hotel or motel for more than 14 days; or credible evidence that an individual or family would not be able to stay with another homeowner or renter for more than 14 days. (2) They have no subsequent residence identified. (3) They lack the resources needed to obtain other permanent housing. (HUD practice prior to passage of the HEARTH Act was to consider those individuals and families who would imminently lose housing within seven days to be homeless.)

- **Other Federal Definitions:** In addition, P.L. 111-22 adds to the definition of homeless individual unaccompanied youth and homeless families with children who are defined as homeless under other federal statutes¹¹ and who (1) have experienced a long-term period without living independently in permanent housing; (2) have experienced instability as evidenced by frequent moves; and (3) can be expected to continue in unstable housing due to factors such as chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories of domestic violence or childhood abuse, the presence of a child or youth with a disability, or multiple barriers to employment.

Another change to the definition of homeless individual is to consider anyone who is fleeing a situation of domestic violence or some other life-threatening condition to be homeless. However, this provision was added to Section 103(b) of McKinney-Vento, so unless the reference to “homeless veteran” in Title 38 was changed to include subsection (b), this part of the definition would not explicitly be part of the definition of homeless veteran.

Estimates of the Number of Homeless Veterans

The exact number of homeless veterans is unknown, although attempts have been made over the years to estimate their numbers. To date, both the VA and HUD have conducted separate assessments of the number and percentage of homeless veterans. However, beginning in 2011 the two agencies announced that they will coordinate their efforts and use one count as “the definitive estimate of veteran homelessness.”¹² This estimate will come from the HUD biennial “point-in-time” count of homeless individuals. Since 2005, HUD has required local jurisdictions called “Continuums of Care” (CoCs)¹³ to conduct a count of sheltered and unsheltered homeless persons on one night during the last week of January every other year (though many CoCs conduct counts every year). As part of these point-in-time counts, CoCs are to collect information about homeless individuals, including veteran status. However, until the 2011 count communities were only

¹¹ For a discussion of how homelessness is defined in other federal programs, see CRS Report RL30442, *Homelessness: Targeted Federal Programs and Recent Legislation*, coordinated by Libby Perl.

¹² U.S. Department of Housing and Urban Development, *Guidance for Counting Veterans During 2011 Point-in-Time Counts of Homeless People*, p. 2, <http://www.hudhre.info/documents/2011PITVetGuidance.pdf>.

¹³ Continuums of Care are typically formed by cities, counties, or combinations of both. Representatives from local government agencies and service provider organizations serve on CoC boards, which conduct the business of the CoC. HUD first required these Continuums of Care to conduct counts of sheltered and unsheltered homeless persons in 2005.

required to include veterans living in shelter. In 2011, communities were also required to count those living on the streets or other places not meant for human habitation.¹⁴

This section of the report discusses the historical efforts of both the VA and HUD to estimate the number of homeless veterans, as well as the agencies' recent collaborative efforts. Most recently, the two agencies released a veterans supplement to HUD's Annual Homeless Assessment Report for 2009.

The Department of Veterans Affairs

In every year since FY1998, the VA has included estimates of the number of homeless veterans receiving services in its "Community Homelessness Assessment, Local Education and Networking Groups" (CHALENG) report to Congress.¹⁵ The most recent estimate was made in 2009. The estimates are made as part of the CHALENG process, through which representatives from each local VA medical center called "points of contact" (POCs) coordinate with service providers from state and local governments and nonprofit organizations as well as homeless or formerly homeless veterans themselves to determine the needs of homeless veterans and plan for how to best deliver services.

The ways in which POCs estimate the number of veterans who are homeless in their area vary, and most POCs use more than one source to arrive at their estimates. One of the sources that the VA has relied on is HUD point-in-time counts, which, beginning in 2011, will replace the VA's CHALENG estimates as the "definitive" estimate of homeless veterans. Other sources of information on which POCs have drawn to arrive at their estimates are VA client data, information from local homeless services providers, U.S. Census data, VA low-income population estimates, local homeless census studies, and VA staff impressions.¹⁶

For the first six years in which the VA released CHALENG estimates (FY1998 through FY2003), the VA asked POCs to estimate the number of veterans who were homeless *at any time during the year*, so the estimate was meant to represent the total number of veterans who experience homelessness during the course of a year. However, starting in FY2004 and continuing through the most recent CHALENG report, the VA changed its methodology, and asked POCs from each medical center to provide estimates of the highest number of veterans who are homeless on *any given day during the year*. The new methodology is a point-in-time count and is meant to reflect the total number of veterans who might experience homelessness on a single day. The VA considers the estimates using the new methodology to be more reliable than earlier estimates.¹⁷ Since FY2007, the VA more specifically asked POCs to estimate the number of veterans experiencing homelessness on one night during the same one-week period used in HUD point-in-time counts—the last week of January. In addition, POCs are to compare their estimates to the

¹⁴ *Guidance for Counting Veterans During 2011 Point-in-Time Counts of Homeless People*, p. 2.

¹⁵ For the most recent CHALENG report, see John H. Kuhn and John Nakashima, *The Sixteenth Annual Progress Report on P.L. 105-114: Services for Homeless Veterans Assessment and Coordination*, U.S. Department of Veterans Affairs, March 17, 2010, http://www1.va.gov/HOMELESS/docs/chaleng/chaleng_sixteenth_annual_report.pdf (hereinafter, *Sixteenth Annual CHALENG Report*). Congress required the VA to issue the report as part of the Veterans Benefits Improvement Act of 1994, P.L. 103-446 (38 U.S.C. § 2065).

¹⁶ *Ibid.*, p. 23.

¹⁷ Government Accountability Office, *Homeless Veterans Programs: Improved Communications and Follow-up Could Further Enhance the Grant and Per Diem Program*, GAO-06-859, September 2006, p. 13, <http://www.gao.gov/new.items/d06859.pdf>.

most recent HUD estimates; if there is a “major difference” between the two estimates, the POCs are to provide an explanation of why this might be the case.¹⁸ For a summary of VA estimates since 1998, see **Table 1**.

From FY2004 through FY2006, the number of veterans estimated to be homeless using a point-in-time count hovered at just under 200,000. In FY2004 the estimate was 192,368; in FY2005, the estimate was 194,254; and in FY2006, the estimate rose slightly to 195,827.¹⁹ In FY2007, however, the estimate dropped to 153,584.²⁰ The VA hypothesized that improved methodology, VA program interventions for homeless veterans, and the changing demographics of the veteran population could account for the reduction in the CHALENG estimate.²¹ In FY2008, the estimate again dropped, this time to 131,230.²² POCs used the same system that had been used in FY2007—estimating the number of veterans who were homeless on a single night during the last week of January 2008, and comparing estimates to 2007 HUD point-in-time count results.²³ The VA hypothesized that in addition to the three factors that could have led to a lower estimate in FY2007, another factor that could have led to the reduction in FY2008 was lower estimates from regions that were affected by Hurricane Katrina, presumably due to having lower populations generally after the disaster occurred.²⁴

In the most recent CHALENG report (for FY2009), an estimated 106,558 veterans were homeless at any given time.²⁵ The VA cited the same three factors as in previous years for the reduction in the number of veterans experiencing homelessness: VA program interventions, changes in methodology, and the declining numbers of both poor veterans and veterans generally.

Table 1. VA CHALENG Estimates of Homeless Veterans

Fiscal Year	Estimate	Details of Estimates
1998	256,872	From FY1998 to FY2003, VA points of contact estimated the total number of veterans experiencing homelessness at any time during the year.
1999	344,983	
2000	292,105	
2001	294,840	
2002	299,321	
2003	313,087	
2004	192,368	In FY2004, the CHALENG report changed methodology and went from an estimate of all veterans experiencing homelessness at some
2005	194,254	
2006	195,827	

¹⁸ *Sixteenth Annual CHALENG Report*, p. 23.

¹⁹ Estimates provided by the VA Office of Homeless Veterans Programs.

²⁰ U.S. Department of Veterans Affairs, *The Fourteenth Annual Progress Report on P.L. 105-114: Services for Homeless Veterans Assessment and Coordination*, February 28, 2008, Appendix 5.

²¹ *Ibid.*, pp. 16-17.

²² U.S. Department of Veterans Affairs, *The Fifteenth Annual Progress Report on P.L. 105-114: Services for Homeless Veterans Assessment and Coordination*, March 11, 2009, Appendix 5.

²³ *Ibid.*, pp. 18-19.

²⁴ *Ibid.*, p. 20.

²⁵ *Sixteenth Annual CHALENG Report*, Appendix 5.

Fiscal Year	Estimate	Details of Estimates
2007	153,584	point during the year to a point-in-time estimate of the highest number of veterans homeless on any given day of the year. The VA considers the recent estimates to be more reliable.
2008	131,230	
2009	106,558	

Source: VA CHALENG estimates of homeless veterans provided by the VA Office of Homeless Veterans Programs (FY1998 through FY2005) and VA CHALENG reports to Congress (FY2006 through FY2009).

The Department of Housing and Urban Development

HUD has taken two approaches to estimating the number of people who are experiencing homelessness, including veterans.

Estimates Using Point-in-Time Data: As mentioned above, at least every other year HUD requires local Continuums of Care to conduct point-in-time counts of sheltered and unsheltered homeless individuals in their communities. These point-in-time counts are snapshots of the number of people who are homeless on a given day, and they are not meant to represent the total number of people who experience homelessness over the course of a year.²⁶ Until 2011, communities were not required to count individuals living on the street or in other places not meant for human habitation, although some communities did.

Estimates Using HMIS Data: The second HUD effort is an ongoing process to produce an *annual* estimate of the number of people who are homeless, including homeless veterans, through Homeless Management Information Systems (HMIS). CoCs collect and store information about homeless individuals they serve, and the information is aggregated in computer systems at the CoC level. Since 2007, HUD has released five Annual Homeless Assessment Reports (AHARs) based on HMIS data. The estimates based on HMIS data differ from point-in-time estimates in that they are based on a full year's worth of information (rather than one day) and based on a sample of communities (rather than an aggregation of all communities). In the 2009 report (released in 2010), the AHAR included a special section regarding homeless veterans. It is described separately in the next subsection, "Veterans Supplement to the Fifth Annual Homeless Assessment Report." The most recent AHAR was released in June 2010 and estimated the number of individuals who experienced homelessness at some point during a one-year period, from October 2008 through September 2009.²⁷ These estimates only included those persons who were residing in emergency shelters or transitional housing during the relevant time periods (i.e., estimates did not include those persons living on the street or in similar places not meant for human habitation).

The five AHARs have not provided estimates of the *number* of homeless veterans, though they do provide estimates of the *percentage* of the adult homeless population who are veterans based on HMIS data. The third, fourth, and fifth AHARs analyzed a full year's worth of data. In the third AHAR, HUD estimated that 13% of adults who were homeless during the one-year period from October 2006 to September 2007 were veterans (while 10% of the general population were

²⁶ For results of the most recent count in which all CoCs participated and for which results are available (2009), see http://www.hudhre.info/CoC_Reports/2009_pops_sub_FULL.pdf. The 2011 count has taken place, but results are not yet available.

²⁷ The *Fifth AHAR* is available at <http://www.hudhre.info/documents/5thHomelessAssessmentReport>.

veterans).²⁸ In the fourth AHAR, an estimated 11.6% of the adult homeless population were veterans (compared to 10.5% of the general adult population).²⁹ And in the fifth AHAR, 11.1% of sheltered homeless adults were veterans, compared with 9.7% of the population.³⁰ Not all records of individuals in HMIS contain data on veteran status, although this percentage is shrinking. In the third AHAR, 15.2% of records were missing data on veteran status; in the fourth AHAR, 7.5% of records were missing this information; and in the fifth AHAR, 5.3% were missing veteran status.

Veterans Supplement to the Fifth Annual Homeless Assessment Report

The fifth AHAR included a separate analysis of both point-in-time and HMIS data regarding the number of veterans experiencing homelessness.³¹ As with the point-in-time count for the AHAR generally, the veterans supplement included an estimate of the number of sheltered and unsheltered veterans experiencing homelessness on one night in January 2009. The estimate derived from HMIS data is an estimate of the number of veterans living in shelter who were homeless at any point from October 1, 2008, through September 30, 2009.

- **Point-in-Time Estimate:** The veterans supplement estimated that 75,609 veterans experienced homelessness on one night in January 2009.³² The estimate relied on local CoC point-in-time reports, but researchers adjusted the data to account for missing data, specifically (1) cases where beds for homeless veterans were missing from HUD's inventory of service providers, (2) instances where data on sheltered veteran status were missing, (3) instances where CoCs did not count sheltered veterans, and (4) instances of missing data on unsheltered veterans or reports of zero unsheltered veterans.³³ Of the 75,609 homeless veterans, a reported 57% were sleeping in emergency shelter or transitional housing and 43% were on the street or in other places not meant for human habitation.³⁴
- **HMIS Estimate:** Using data from a sample of 300 communities, researchers estimated that 136,334 veterans were homeless on at least one night from October 1, 2008, through September 30, 2009.³⁵ The data reported by local CoCs were adjusted to account for sheltered adults whose veteran status was unknown and for emergency shelters and transitional housing facilities that did not report data to the local HMIS.³⁶

²⁸ U.S. Department of Housing and Urban Development, *The Third Annual Homeless Assessment Report to Congress*, July 2008, p. 26, <http://www.hudhre.info/documents/3rdHomelessAssessmentReport.pdf>.

²⁹ U.S. Department of Housing and Urban Development, *The Fourth Annual Homeless Assessment Report to Congress*, July 2009, p. 25, <http://www.hudhre.info/documents/4thHomelessAssessmentReport.pdf>.

³⁰ *Fifth AHAR*, p. 23.

³¹ U.S. Department of Housing and Urban Development and U.S. Department of Veterans Affairs, *Veteran Homelessness: A Supplemental Report to the 2009 Annual Homeless Assessment Report to Congress*, January 2011, <http://www.hudhre.info/documents/2009AHARVeteransReport.pdf>.

³² *Ibid.*, p. 5.

³³ *Ibid.*, Appendix A.

³⁴ *Ibid.*, p. 5.

³⁵ *Ibid.*

³⁶ *Ibid.*, Appendix A.

In both the point-in-time estimates and the HMIS estimate, veterans were overrepresented in the homeless population. According to the point-in-time estimate, veterans represent 12% of the homeless population (compared to 8% of the total population), and in the HMIS estimate veterans were about 10% of the homeless population.³⁷

Demographic Characteristics of Homeless Veterans

The most comprehensive studies that have compared homeless veterans to homeless men and women who are nonveterans occurred during the 1980s and 1990s. So while data exist that show differing characteristics of homeless veterans compared to homeless nonveterans, recently separated veterans who served in Iraq and Afghanistan are not included in these studies and it is not yet known how they will fit into the picture of veterans experiencing homelessness.

According to data from several studies during the 1980s, homeless male veterans were more likely to be older and better educated than the general population of homeless men.³⁸ However, they were found to have more health problems than nonveteran homeless men, including AIDS, cancer, and hypertension.³⁹ They also suffered from mental illness and alcohol abuse at higher rates than nonveterans. A study published in 2002 found similar results regarding age and education. Homeless male veterans tended to be older, on average, than nonveteran homeless men.⁴⁰ Homeless veterans were also different in that they had reached higher levels of education than their nonveteran counterparts⁴¹ and were more likely to be working for pay. They were also more likely to have been homeless for more than one year, and more likely to be dependent on or abuse alcohol. Family backgrounds among homeless veterans tended to be more stable, with veterans experiencing less family instability⁴² and fewer incidents of conduct disorder,⁴³ while also being less likely to have never married than nonveteran homeless men.

Homeless women veterans have also been found to have different characteristics than nonveteran homeless women. Based on data collected during the late 1990s, female veterans, like male veterans, were found to have reached higher levels of education than nonveteran homeless women, and were also more likely to have been employed in the 30 days prior to being surveyed.⁴⁴ They also had more stable family backgrounds, and lower rates of conduct disorder as children.

³⁷ Ibid., p. 6.

³⁸ Robert Rosenheck, Catherine A. Leda, and Linda K. Frisman, et al., "Homeless Veterans," in *Homelessness in America*, ed. Jim Baumohl (Phoenix: The Oryx Press, 1996), pp. 104-105 (hereinafter "Homeless Veterans").

³⁹ Ibid., p. 105.

⁴⁰ Richard Tessler, Robert Rosenheck, and Gail Gamache, "Comparison of Homeless Veterans with Other Homeless Men in a Large Clinical Outreach Program," *Psychiatric Quarterly* 73, no. 2 (Summer 2002): 113-114.

⁴¹ Veterans averaged 12.43 years of education completed, versus 11.21 for nonveterans.

⁴² Family instability is measured by factors that include parental separation or divorce and time spent in foster care.

⁴³ Conduct disorder is measured by factors such as school suspensions, expulsions, drinking, using drugs, stealing, and fighting.

⁴⁴ Gail Gamache, Robert Rosenheck, and Richard Tessler, "Overrepresentation of Women Veterans Among Homeless Women," *American Journal of Public Health* 93, no. 7 (July 2003): 1133-1134 (hereinafter "Overrepresentation of Women Veterans Among Homeless Women").

Demographic Characteristics of Veterans Served in VA Homeless Programs

The VA collects data from a number of programs that serve homeless veterans on VA medical center campuses, in health clinics, and in the community. The programs include Health Care for Homeless Veterans (HCHV), Domiciliary Care for Homeless Veterans (DCHV), and the Compensated Work Therapy/Therapeutic Residences Program, all of which are described in more detail later in this report (see the section entitled “Federal Programs that Serve Homeless Veterans”). Each fiscal year, the VA publishes reports to Congress about veterans served in these programs. While the demographics of the veterans served in these programs do not constitute a representative sample of homeless veterans, and some veterans may be served in more than one program, the information may give a picture of the veterans who seek assistance and/or receive services.

Exact comparisons of the veteran population in general are not available for each demographic category, but based on available data, some differences between homeless veterans served in VA programs and veterans in general include the following:

- African American veterans are over-represented among veterans served in homeless programs, making up 11.8% of the veteran population in 2009 but representing more than 40% of those served in each program.⁴⁵
- As previous studies have found, veterans who served in the post-Vietnam era but prior to the Gulf War era are also over-represented among those served in the VA homeless programs.⁴⁶
- Veterans served in homeless programs have higher unemployment rates (ranging between 20% and 25%) compared to veterans in general (8.1% in 2009).⁴⁷
- Both male and female veterans were married at a higher rate than veterans served in the VA’s homeless programs—68% of men and 47% of women compared to between 5% and 7% of those served in VA programs.⁴⁸

Table 2, below, summarizes the data.

Table 2. Information About Veterans Served in VA Homeless Programs, FY2009

Characteristics	Health Care for Homeless Veterans (HCHV)	Domiciliary Care for Homeless Veterans (DCHV)	Compensated Work Therapy Program/ Therapeutic Residences (CWT/TR)
Veteran Population Surveyed	40,216 ^a	6,311 ^b	759 ^c
Average Age	50.9	49.6	48.6

⁴⁵ According to data from the National Center for Veteran Analysis and Statistics, African Americans made up 11.3% of the veteran population in 2009. See <http://www.va.gov/VETDATA/docs/Demographics/51.xls>.

⁴⁶ In 2009, veterans who served between the Vietnam and Gulf War eras comprised 14.8% of veterans. See <http://www.va.gov/VETDATA/docs/Demographics/21.xls>.

⁴⁷ Bureau of Labor Statistics, *Employment Situation of Veterans 2009*, March 12, 2010, http://www.bls.gov/news.release/archives/vet_03122010.htm.

⁴⁸ The marriage rates of veterans generally is from U.S. Department of Veterans Affairs, *Profile of Veterans 2009*, January 2011, p. 7, http://www.va.gov/vetdata/docs/SpecialReports/Profile_of_Veterans_2009_FINAL.pdf.

Characteristics	Health Care for Homeless Veterans (HCHV)	Domiciliary Care for Homeless Veterans (DCHV)	Compensated Work Therapy Program/ Therapeutic Residences (CWT/TR)
Marital Status			
% Married	6.4	6.6	5.6
% Divorced/Separated/ Widowed	64.2 ^d	66.1	62.0
% Never Married	29.4	27.3	32.4
Gender			
% Men	95.4	95.1	95.4
% Women	4.6	4.9	4.6
Race/Ethnicity			
% White, Non-Hispanic	46.4	48.5	48.7
% African American	42.8	43.6	43.9
% Hispanic	7.3	5.0	3.8
% American Indian/Alaskan	1.5	1.6	— ^e
% Asian/Pacific Islander	0.9	0.5	— ^e
% Other	1.0	0.8	3.6
Era Served			
% Prior to Vietnam Era	3.2 ^f	1.3 ^g	0.3 ^h
% Vietnam	35.9	30.6	26.0
% Post-Vietnam	43.7	50.3	53.7
% Persian Gulf (1991-Present) ⁱ	17.1	17.7	20.0
Employment Pattern over the Previous Three Years			
% Employed Full Time	20.6	37.2	45.8
% Employed Part Time	29.7	20.2	30.8
% Unemployed	24.4	23.0	20.1
% Retired or with Disability	23.9	18.7	2.8
% Other	1.5 ⁱ	0.9	0.5
Mental Health and Substance Use Issues			
% Substance Use Disorder	62.1	90.2	96.4
% Serious Psychiatric Problem	54.0	67.9	59.4
% Dually Diagnosed ^k	62.1	61.0	56.5

Sources: Wesley J. Kaspro, Timothy Cuerdon, Diane DiLello, Leslie Cavallaro, and Nicole Harelik, *Healthcare for Homeless Veterans Programs: Twenty-Third Annual Report* (HCHV program report), U.S. Department of Veterans Affairs Northeast Program Evaluation Center, March 25, 2010; Catherine Leda Seibyl, Sharon Medak, Linda Baldino, and Timothy Cuerdon, *Twenty-First Progress Report on the Domiciliary Care for Homeless Veterans Program, FY2009* (DCHV program report), U.S. Department of Veterans Affairs Northeast Program Evaluation Center, March 24 2010; and Catherine Leda Seibyl, Sharon Medak, Linda Baldino, and Timothy Cuerdon, *Compensated*

Work Therapy/Transitional Residence (CWT/TR) Program FY2009 (CWT/TR program report), Department of Veterans Affairs, Northeast Program Evaluation Center, June 2010.

- a. The HCHV program report provides demographic information on clients assessed for program participation. HCHV report, p. 24.
- b. The DCHV program report provides information regarding veterans who completed treatment in the program in FY2008; the information was collected at the time of admission. DCHV report, p. 11.
- c. The CWT/TR program report provides demographic information on clients admitted into the program.
- d. The HCHV program report separately breaks out the percentage of veterans separated (13.5%), divorced (46.6%), and widowed (4.1%).
- e. This information is not provided.
- f. For the HCHV program, the line showing the percentage of veterans serving prior to the Vietnam era aggregates five eras: pre-WWII (0.2%), WWII (0.2%), pre-Korea (0.1%), Korea (0.7%), and pre-Vietnam (2.0%). See HCHV report, p. 46.
- g. For the DCHV program, the line showing the percentage of veterans serving prior to the Vietnam era aggregates four eras: WWII (0.0%), pre-Korea (0.0%), Korea (0.2%), and pre-Vietnam (1.1%). See DCHV report, p. 37.
- h. For the CWT/TR program, the line showing the percentage of veterans serving prior to the Vietnam era aggregates two eras: Korea (0.0%) and pre-Vietnam (0.3%).
- i. Each of the three programs use intake forms that specify the Persian Gulf Era as August 1990 to the present. See HCHV program report, p. 314; DCHV program report, p. 19; and the CWT program report, p. 15.
- j. The HCHV program report categorizes those assessed as student/service.
- k. Dual diagnosis refers to having both a substance use disorder and a serious psychiatric diagnosis.

Overrepresentation of Veterans in the Homeless Population

Research that has captured information about the entire national homeless population, including veteran status, has only recently begun to be conducted on a regular, systematic basis. Since 2005, HUD has been engaged in ongoing efforts to collect information about homeless individuals, and the new National Center for Homelessness Among Veterans is conducting a variety of research studies. In its most recent Annual Homeless Assessment Report, HUD estimated that veterans made up 11.1% of homeless adults, compared to 9.7% of the adult population as a whole (see “Estimates of the Number of Homeless Veterans”).

However, more detailed surveys that include information about homeless veterans such as gender and service era took place in earlier years. Possibly the most comprehensive national data collection effort regarding persons experiencing homelessness took place in 1996 as part of the National Survey of Homeless Assistance Providers and Clients (NSHAPC), when researchers interviewed thousands of homeless assistance providers and homeless individuals across the country.⁴⁹ Prior to the NSHAPC, in 1987, researchers from the Urban Institute surveyed nearly

⁴⁹ Martha R. Burt, Laudan Y. Aron, et al., *Homelessness: Programs and the People They Serve: Findings of the National Survey of Homeless Assistance Providers and Clients, Technical Report*, December 1999, available at http://www.huduser.org/publications/homeless/homeless_tech.html.

2,000 homeless individuals and clients in large cities nationwide as part of a national study.⁵⁰ The data from these two surveys serve as the basis for more in depth research regarding homeless veterans, described below. Based on both data sources, researchers have found that veterans made up a greater percentage of the homeless population than their percentage in the general population. These findings do not include veterans of the conflicts in Iraq and Afghanistan, so whether they are overrepresented among homeless individuals is not yet known.

Both male and female veterans were more likely to be homeless than their nonveteran counterparts.⁵¹ This has not always been the case, however. Although veterans have always been present among the homeless population, the birth cohorts that served in the military more recently, from the Vietnam⁵² and post-Vietnam eras, have been found to be overrepresented. Veterans of World War II and Korea are less likely to be homeless than their nonveteran counterparts.⁵³ (The same cohort effect is not as evident for women who are veterans.) Four studies of homeless veterans, two of male veterans and two of female veterans, provide evidence of this overrepresentation and increased likelihood of experiencing homelessness.

Overrepresentation of Male Veterans

Two national studies—one published in 1994 using data from the 1987 Urban Institute survey (as well as data from surveys in Los Angeles, Baltimore, and Chicago), and the other published in 2001 using data from the 1996 NSHAPC—found that male veterans were overrepresented in the homeless population. In addition, researchers in both studies determined that the likelihood of homelessness depended on the ages of veterans.⁵⁴ During both periods of time, the odds of a veteran being homeless was highest for veterans who had enlisted after the military transitioned to an all-volunteer force (AVF) in 1973. These veterans were age 20-34 at the time of the first study, and age 35-44 at the time of the second study.

In the first study, researchers found that 41% of adult homeless men were veterans, compared to just under 34% of adult males in the general population. Overall, male veterans were 1.4 times as likely to be homeless as nonveterans.⁵⁵ Notably, though, those veterans who served after the Vietnam War were four times more likely to be homeless than nonveterans in the same age group.⁵⁶ Vietnam era veterans, who are often thought to be the most overrepresented group of

⁵⁰ Martha R. Burt and Barbara E. Cohen, *America's Homeless: Numbers, Characteristics, and Programs that Serve Them* (Washington, DC: The Urban Institute Press, July 1989).

⁵¹ See Gail Gamache, Robert Rosenheck, and Richard Tessler, "The Proportion of Veterans Among Homeless Men: A Decade Later," *Social Psychiatry and Psychiatric Epidemiology* 36, no. 10 (October 2001): 481 (hereinafter, "The Proportion of Homeless Veterans Among Men: A Decade Later"). "Overrepresentation of Women Veterans Among Homeless Women," p. 1134.

⁵² Generally, the Vietnam era is defined as the period from 1964 to 1975. 38 U.S.C. § 101(29)(B).

⁵³ Alvin S. Mares and Robert A. Rosenheck, "Perceived Relationship Between Military Service and Homelessness Among Homeless Veterans with Mental Illness," *The Journal of Nervous and Mental Disease* 192, no. 10 (October 2004): 715.

⁵⁴ See Robert Rosenheck, Linda Frisman, and An-Me Chung, "The Proportion of Veterans Among Homeless Men," *American Journal of Public Health* 84, no. 3 (March 1994): 466 (hereinafter, "The Proportion of Homeless Veterans Among Men"); "The Proportion of Veterans Among Homeless Men: A Decade Later," p. 481.

⁵⁵ "The Proportion of Homeless Veterans Among Men," p. 467.

⁵⁶ *Ibid.*

homeless veterans, were barely more likely to be homeless than nonveterans (1.01 times). (See **Table 3** for a breakdown of the likelihood of homelessness based on age.)

In the second study, researchers found that nearly 33% of adult homeless men were veterans, compared to 28% of males in the general population. Once again, the likelihood of homelessness differed among age groups. Overall, male veterans were 1.25 times more likely to be homeless than nonveterans.⁵⁷ However, the same post-Vietnam birth cohort as that in the 1994 study was most at risk of homelessness; those veterans in the cohort were over three times as likely to be homeless as nonveterans in the same cohort. Younger veterans, those age 20-34 in 1996, were two times as likely to be homeless as nonveterans. And Vietnam era veterans were approximately 1.4 times as likely to be homeless as their nonveteran counterparts. (See **Table 3**.)

Overrepresentation of Female Veterans

As with male veterans, research has shown that women veterans are more likely to be homeless than women who are not veterans. A study published in 2003 examined two data sources, one a survey of mentally ill homeless women, and the other the NSHAPC, and found that 4.4% and 3.1% of those homeless persons surveyed were female veterans, respectively (compared to approximately 1.3% of the general population).⁵⁸ Although the likelihood of homelessness was different for each of the two surveyed populations, the study estimated that female veterans were between two and four times as likely to be homeless as their nonveteran counterparts.⁵⁹ Unlike male veterans, all birth cohorts were more likely to be homeless than nonveterans. However, with the exception of women veterans age 35-55 (representing the post-Vietnam era), who were between approximately 3.5 and 4.0 times as likely to be homeless as nonveterans, cohort data were not consistent between the two surveys. (See **Table 3** for a breakdown of likelihood of homelessness by cohort.)

Table 3. Results from Four Studies: Veterans as a Percentage of the Homeless Population and Likelihood of Experiencing Homelessness

Veteran Group	Veterans as a Percentage of the General Population^a	Veterans as a Percentage of the Homeless Population	Odds Ratio (Likelihood of Homelessness among Veterans vs. Nonveterans)
Men (data 1986-1987) ^b	33.6	41.2	1.38
Age 20-34	10.0	30.6	3.95
Age 35-44	36.9	37.2	1.01
Age 45-54	44.8	58.7	1.75
Age 55-64	69.9	61.7	0.69
> Age 64	46.3	37.4	0.71
Men (data 1996) ^c	28.0	32.7	1.25
Age 20-34	7.7	14.5	2.04

⁵⁷ "The Proportion of Homeless Veterans Among Men: A Decade Later," p. 483.

⁵⁸ "Overrepresentation of Women Veterans Among Homeless Women," p. 1133.

⁵⁹ Ibid., p. 1134.

Veteran Group	Veterans as a Percentage of the General Population ^a	Veterans as a Percentage of the Homeless Population	Odds Ratio (Likelihood of Homelessness among Veterans vs. Nonveterans)
Age 35-44	13.8	33.7	3.17
Age 45-54	38.4	46.5	1.39
Age 55-64	48.7	45.8	0.89 ^f
> Age 64	62.6	59.5	0.88 ^f
Women (data 1994-1998) ^d	1.3	4.4	3.58
Age 20-34	—	—	3.61
Age 35-44	—	—	3.48
Age 45-54	—	—	4.42
Age 55 and Older	—	—	1.54 ^f
Women (data 1996) ^e	1.2	3.1	2.71
Age 20-34	—	—	1.60 ^f
Age 35-44	—	—	3.98
Age 45-54	—	—	2.00 ^f
Age 55 and Older	—	—	4.40

Sources: Robert Rosenheck, Linda Frisman, and An-Me Chung, "The Proportion of Veterans Among Homeless Men," *American Journal of Public Health* 84, no. 3 (March 1994): 466-469; Gail Gamache, Robert Rosenheck, and Richard Tessler, "The Proportion of Veterans Among Homeless Men: A Decade Later," *Social Psychiatry and Psychiatric Epidemiology* 36, no. 10 (October 2001): 481-485; Gail Gamache, Robert Rosenheck, and Richard Tessler, "Overrepresentation of Women Veterans Among Homeless Women," *American Journal of Public Health* 93, no. 7 (July 2003): 1132-1136.

a. Data are from the Current Population Survey.

b. Data are from the Urban Institute Study and three community surveys conducted between 1985 and 1987.

c. Data are from the National Survey of Homeless Assistance Providers and Clients (NSHAPC).

d. Data are from the Access to Community Care and Effective Services and Supports sample of women with mental illness.

e. Data are from the NSHAPC.

f. Not statistically significant.

Why Are Veterans Overrepresented in the Homeless Population?

As the number of homeless veterans has grown, researchers have attempted to explain why veterans are homeless in higher proportions than their numbers in the general population. Factors present both prior to military service, and those that developed during or after service, have been found to be associated with veterans' homelessness. However, as with many of the studies already discussed in this report, findings are somewhat dated and do not include veterans of Iraq and Afghanistan.

Most of the evidence about factors associated with homelessness among veterans comes from The National Vietnam Veterans Readjustment Study (NVVRS) conducted from 1984 to 1988.⁶⁰ Researchers for the NVVRS surveyed 1,600 Vietnam theater veterans (those serving in Vietnam, Cambodia, or Laos) and 730 Vietnam era veterans (who did not serve in the theater) to determine their mental health status and their ability to readjust to civilian life. The NVVRS did not specifically analyze homelessness. However, a later study, published in 1994, used data from the NVVRS to examine homelessness specifically.⁶¹ Findings from both studies are discussed below.

Factors Present During and After Military Service

Although researchers have not found that military service alone is associated with homelessness,⁶² it may be associated with other factors that contribute to homelessness. The NVVRS found an indirect connection between the stress that occurs as a result of deployment and exposure to combat, or “war-zone stress,” and homelessness. Vietnam theater and era veterans who experienced war-zone stress were found to have difficulty readjusting to civilian life, resulting in higher levels of problems that included social isolation, violent behavior, and, for white male veterans, homelessness.⁶³

The 1994 study of Vietnam era veterans (hereinafter referred to as the Rosenheck/Fontana study) evaluated 18 variables that could be associated with homelessness. The study categorized each variable in one of four groups according to when they occurred in the veteran’s life: pre-military, military, the one-year readjustment period, and the post-military period subsequent to readjustment.⁶⁴ Variables from each time period were found to be associated with homelessness, although their effects varied. The two military factors—combat exposure and participation in atrocities—did not have a direct relationship to homelessness. However, those two factors did contribute to (1) low levels of social support upon returning home, (2) psychiatric disorders (not including Post Traumatic Stress Disorder (PTSD)), (3) substance use disorders, and (4) being unmarried (including separation and divorce). Each of these four post-military variables, in turn, contributed directly to homelessness.⁶⁵ In fact, social isolation, measured by low levels of support

⁶⁰ The NVVRS was undertaken at the direction of Congress as part of P.L. 98-160, the Veterans Health Care Amendments of 1983.

⁶¹ Robert Rosenheck and Alan Fontana, “A Model of Homelessness Among Male Veterans of the Vietnam War Generation,” *The American Journal of Psychiatry* 151, no. 3 (March 1994): 421-427 (hereinafter, “A Model of Homelessness Among Male Veterans of the Vietnam War Generation”).

⁶² See, for example, Alvin S. Mares and Robert Rosenheck, “Perceived Relationship Between Military Service and Homelessness Among Homeless Veterans With Mental Illness,” *Journal of Nervous and Mental Disease* 192, no. 10 (October 2004): 715.

⁶³ Richard A. Kulka, John A. Fairbank, B. Kathleen Jordan, and Daniel S. Weiss, *Trauma and the Vietnam War Generation: Report of Findings from the National Vietnam Veterans Readjustment Study* (Levittown, PA: Brunner/Mazel, 1990), 142.

⁶⁴ The first category consisted of nine factors: year of birth, belonging to a racial or ethnic minority, childhood poverty, parental mental illness, experience of physical or sexual abuse prior to age 18, other trauma, treatment for mental illness before age 18, placement in foster care before age 16, and history of conduct disorder. The military category contained three factors: exposure to combat, participation in atrocities, and non-military trauma. The readjustment period consisted of two variables: accessibility to someone with whom to discuss personal matters and the availability of material and social support (together these two variables were termed low levels of social support). The final category contained four factors: Post Traumatic Stress Disorder (PTSD), psychiatric disorders not including PTSD, substance abuse, and unmarried status.

⁶⁵ “A Model of Homelessness Among Male Veterans of the Vietnam War Generation,” p. 424.

in the first year after discharge from military service, together with the status of being unmarried, had the strongest association with homelessness of the 18 factors examined in the study.⁶⁶

Post-Traumatic Stress Disorder (PTSD)

Researchers examining factors related to homelessness have not found a *direct* relationship between PTSD and homelessness. The Rosenheck/Fontana study “found no unique association between combat-related PTSD and homelessness.”⁶⁷ An unrelated study determined that homeless combat veterans were no more likely to be diagnosed with PTSD than combat veterans who were not homeless.⁶⁸ However, the NVVRS found that PTSD was significantly related to other psychiatric disorders, substance abuse, problems in interpersonal relationships, and unemployment.⁶⁹ These conditions can lead to readjustment difficulties and are considered risk factors for homelessness.⁷⁰

Factors that Pre-date Military Service

According to research, factors that predate military service also play a role in homelessness among veterans. The Rosenheck/Fontana study found that three variables present in the lives of veterans before they joined the military had a significant direct relationship to homelessness. These were exposure to physical or sexual abuse prior to age 18; exposure to other traumatic experiences, such as experiencing a serious accident or natural disaster, or seeing someone killed; and placement in foster care prior to age 16.⁷¹ The researchers also found that a history of conduct disorder had a substantial indirect effect on homelessness.⁷² Conduct disorder includes behaviors such as being suspended or expelled from school, involvement with law enforcement, or having poor academic performance. Another pre-military variable that might contribute to homelessness among veterans is a lack of family support prior to enlistment.⁷³

The conditions present in the lives of veterans prior to military service, and the growth of homelessness among veterans, have been tied to the institution of the all volunteer force (AVF) in 1973. As discussed earlier in this report, the overrepresentation of veterans in the homeless population is most prevalent in the birth cohort that joined the military after the Vietnam War. It is possible that higher rates of homelessness among these veterans are due to “lowered recruitment standards during periods where military service was not held in high regard.”⁷⁴ Individuals who

⁶⁶ Ibid., p. 425.

⁶⁷ “A Model of Homelessness Among Male Veterans of the Vietnam War Generation,” p. 425.

⁶⁸ Robert Rosenheck, Catherine A. Leda, Linda K. Frisman, Julie Lam, and An-Me Chung, “Homeless Veterans” in *Homelessness in America*, ed. Jim Baumohl (Phoenix, AZ: Oryx Press, 1996), 99 (hereinafter, “Homeless Veterans”).

⁶⁹ Robert Rosenheck, Catherine Leda, and Peggy Gallup, “Combat Stress, Psychosocial Adjustment, and Service Use Among Homeless Vietnam Veterans,” *Hospital and Community Psychiatry* 42, no. 2 (February 1992): 148.

⁷⁰ “Homeless Veterans,” p. 98.

⁷¹ “A Model of Homelessness Among Male Veterans of the Vietnam War Generation,” p. 426.

⁷² Ibid.

⁷³ Richard Tessler, Robert Rosenheck, and Gail Gamache, “Homeless Veterans of the All-Volunteer Force: A Social Selection Perspective,” *Armed Forces & Society* 29, no. 4 (Summer 2003): 511 (hereinafter, “Homeless Veterans of the All-Volunteer Force: A Social Selection Perspective”).

⁷⁴ Testimony of Robert Rosenheck, M.D., Director of Northeast Program Evaluation Center, Department of Veterans Affairs, Senate Committee on Veterans’ Affairs, 103rd Cong., 2nd sess., February 23, 1994.

joined the military during the time after the implementation of the AVF might have been more likely to have characteristics that are risk factors for homelessness.⁷⁵

Federal Programs that Serve Homeless Veterans

The federal response to the needs of homeless veterans, like the federal response to homelessness generally, began in the late 1980s. Congress, aware of the data showing that veterans were disproportionately represented among homeless persons,⁷⁶ began to hold hearings and enact legislation in the late 1980s. Among the programs enacted were Health Care for Homeless Veterans, Domiciliary Care for Homeless Veterans, and the Homeless Veterans Reintegration Programs. Also around this time, the first (and only) national group dedicated to the cause of homeless veterans, the National Coalition for Homeless Veterans, was founded by service providers that were concerned about the growing number of homeless veterans.

While homeless veterans are eligible for and receive services through programs that are not designed specifically for homeless veterans, the VA funds multiple programs to serve homeless veterans. The majority of homeless programs are run through the Veterans Health Administration (VHA), which administers health care programs for veterans.⁷⁷ The Veterans Benefits Administration (VBA), which is responsible for compensation and pensions,⁷⁸ education assistance,⁷⁹ home loan guarantees,⁸⁰ and insurance, operates one program for homeless veterans. In addition, the Department of Labor (DOL) is responsible for programs that provide employment services for homeless veterans while the Department of Housing and Urban Development (HUD) collaborates with the VA on two additional programs. Many of these programs are summarized in this section.

Table 4, below, shows historical funding levels for six programs that target services to homeless veterans. Following the table is a text box that explains funding for the housing portion of the HUD-VA Supported Housing program (HUD-VASH) in which it is not possible to track annual appropriation or obligation levels for all housing vouchers.

⁷⁵ “Homeless Veterans of the All-Volunteer Force: A Social Selection Perspective,” p. 510.

⁷⁶ Senate Committee on Veterans Affairs, *Veterans’ Administration FY1988 Budget, the Vet Center Program, and Homeless Veterans Issues*, 100th Cong., 1st sess., S.Hrg. 100-350, February 18 & 19, 1987, p. 2-6.

⁷⁷ For more information about the VHA, see CRS Report R41343, *Veterans Medical Care: FY2011 Appropriations*, by Sidath Viranga Panangala.

⁷⁸ For more information about veterans benefits, see CRS Report RS22804, *Veterans’ Benefits: Pension Benefit Programs*, by Christine Scott and Carol D. Davis and CRS Report RL34626, *Veterans’ Benefits: Benefits Available for Disabled Veterans*, by Christine Scott and Carol D. Davis.

⁷⁹ For more information about educational assistance, see CRS Report R40723, *Educational Assistance Programs Administered by the U.S. Department of Veterans Affairs*, by Cassandra Dortch.

⁸⁰ For more information about VA home loan guarantees, see CRS Report RS20533, *VA-Home Loan Guaranty Program: An Overview*, by Bruce E. Foote.

Table 4. Funding for Selected Homeless Veterans Programs, FY1988 - FY2011

(dollars in thousands)

Fiscal Year	Obligations (VA Programs)					Budget Authority (DOL Program)
	Health Care for Homeless Veterans ^a	Domiciliary Care for Homeless Veterans	Compensated Work Therapy/Therapeutic Residence	Grant and Per Diem Program	HUD-VA Supported Housing (Supportive Services) ^b	Homeless Veterans Reintegration Program
1988	12,932	15,000 ^c	NA	NA	NA	1,915
1989	13,252	10,367	NA	NA	NA	1,877
1990	15,000	15,000	NA	NA	NA	1,920
1991	15,461 ^d	15,750	— ^d	NA	NA	2,018
1992	16,500 ^d	16,500	— ^d	NA	2,300	1,366
1993	22,150	22,300	400	NA	2,000	5,055
1994	24,513	27,140	3,051	8,000	3,235	5,055
1995	38,585 ^e	38,948	3,387	— ^e	4,270	107 ^f
1996	38,433 ^e	41,117	3,886	— ^e	4,829	0
1997	38,063 ^e	37,214	3,628	— ^e	4,958	0
1998	36,407	38,489	8,612	5,886	5,084	3,000
1999	32,421	39,955	4,092	20,000	5,223	3,000
2000	38,381	34,434	8,068	19,640	5,137	9,636
2001	58,602	34,576	8,144	31,100	5,219	17,500
2002	54,135	45,443	8,028	22,431	4,729	18,250
2003	45,188	49,213	8,371	43,388	4,603	18,131
2004	42,905	51,829	10,240	62,965	3,375	18,888
2005	40,357	57,555	10,004	62,180	3,243	20,832
2006	56,998	63,592	19,529	63,621	5,297	21,780
2007	71,925	77,633	21,514	81,187	7,487	21,809
2008	77,656	96,098	21,497	114,696	4,854	23,620
2009	80,219	115,373	22,206	128,073	26,601	26,330
2010	109,727	175,979	61,205	175,057	71,137	36,330
2011 ^g	135,932	140,949	52,788	217,639	151,069	—

Sources: Department of Veterans Affairs Budget Justifications, FY1989-FY2012, VA Office of Homeless Veterans Programs, and Department of Labor Budget Justifications FY1989-FY2012.

- a. Health Care for Homeless Veterans was originally called the Homeless Chronically Mentally Ill veterans program. In 1992, the VA began to use the title "Health Care for Homeless Veterans."
- b. This column contains only the funding allocated from the VA for supportive services and does not include the cost of providing housing.

- c. Congress appropriated funds for the DCHV program for both FY1987 and FY1988 (P.L. 100-71), however, the VA obligated the entire amount in FY1988. See VA Budget Summary for FY1989, Volume 2, Medical Benefits, p. 6-10.
- d. For FY1991 and FY1992, funds from the Homeless Chronically Mentally Ill veterans program as well as substance abuse enhancement funds were used for the Compensated Work Therapy/Therapeutic Residence program.
- e. For FY1995 through FY1997, Grant and Per Diem funds were obligated with funds for the Health Care for Homeless Veterans program. VA budget documents do not provide a separate breakdown of Grant and Per Diem Obligations.
- f. Congress appropriated \$5.011 million for HVRP in P.L. 103-333. However, a subsequent rescission in P.L. 104-19 reduced the amount.
- g. The obligation amounts for FY2011 are estimates.

Funding for the HUD-VASH Program

HUD has funded Section 8 vouchers for homeless veterans since FY1992, but after the initial appropriation for the vouchers, HUD does not separately report the amount of funds necessary to provide rental assistance for each of the vouchers in subsequent years. Unlike programs included in **Table 4**, then, it is not possible to provide annual budget authority or obligations for HUD-VASH. However, information regarding the initial budget authority needed to support the vouchers is available as follows:⁸¹

- In FY1992, \$17.9 million was made available to fund approximately 750 vouchers per year for five years;
- In FY1993, \$19.1 million was made available to fund approximately 750 vouchers per year for five years;
- In FY1994, \$18.4 million was made available to fund approximately 700 vouchers per year for five years;
- In FY2008, \$75 million was appropriated to fund 10,150 vouchers for one year;
- In FY2009, \$75 million was appropriated to fund 10,290 vouchers for one year; and
- In FY2010, \$75 million was appropriated to fund approximately 10,010 vouchers for one year. (Of these, 500 are to be project-based vouchers.)

For more information about HUD-VASH vouchers, see the section of this report entitled “HUD-VASH.”

The Department of Veterans Affairs

The majority of programs that serve homeless veterans are part of the Veterans Health Administration (VHA), one of the three major organizations within the VA (the other two are the Veterans Benefits Administration (VBA) and the National Cemetery Administration).⁸² The VHA operates hospitals and outpatient clinics across the country through 21 Veterans Integrated Service Networks (VISNs). Each VISN oversees between five and eleven VA hospitals as well as outpatient clinics, nursing homes, and domiciliary care facilities. In all, there are 157 VA hospitals, 750 outpatient clinics, 134 nursing homes, and 42 domiciliary care facilities across the country. Many services for homeless veterans are provided in these facilities. In addition, the VBA has made efforts to coordinate with the VHA regarding homeless veterans by placing Homeless Veteran Outreach Coordinators (HVOCs) in its offices in order to assist homeless veterans in their applications for benefits.

Health Care for Homeless Veterans

The first federal program to specifically address the needs of homeless veterans, Health Care for Homeless Veterans (HCHV), was initially called the Homeless Chronically Mentally Ill veterans program.⁸³ The program was created as part of an emergency appropriations act for FY1987 (P.L. 100-6) in which Congress allocated \$5 million to the VA to provide medical and psychiatric care in community-based facilities to homeless veterans suffering from mental illness.⁸⁴ Through the

⁸¹ Sources of funding levels are Department of Housing and Urban Development Notices of Funding Availability from FY1992-FY1994, the FY2008 Consolidated Appropriations Act (P.L. 110-161), the FY2009 Omnibus Appropriations Act (P.L. 111-8), and the FY2010 Consolidated Appropriations Act (P.L. 111-117).

⁸² For more information about the organization of the VA, see U.S. Department of Veterans Affairs, *2010 Organizational Briefing Book*, June 2010, <http://www4.va.gov/ofcadmin/docs/vaorgbb.pdf>.

⁸³ In 1992, the VA began to refer to the program by its new name. VA FY1994 Budget Summary, Volume 2, Medical Benefits, p. 2-63.

⁸⁴ Shortly after the HCHV program was enacted in P.L. 100-6, Congress passed another law (P.L. 100-322) that (continued...)

HCHV program, VA medical center staff conduct outreach to homeless veterans, provide care and treatment for medical, psychiatric, and substance use disorders, and refer veterans to other needed supportive services.⁸⁵ Although P.L. 100-6 provided priority for veterans whose illnesses were service-connected, veterans with non-service-connected disabilities were also made eligible for the program. Within two months of the program's enactment, 43 VA Medical Centers had initiated programs to find and assist mentally ill homeless veterans.⁸⁶ Currently, 132 VA sites have implemented HCHV programs.⁸⁷ The HCHV program is authorized through December 31, 2011.⁸⁸

Program Data

The HCHV program itself does not provide housing for veterans who receive services. However, the VA was initially authorized to enter into contracts with non-VA service providers to place veterans in residential treatment facilities so that they would have a place to stay while receiving treatment. In FY2003, the VA shifted funding from contracts with residential treatment facilities to the VA Grant and Per Diem program (described later in this section).⁸⁹ Local funding for residential treatment facilities continues to be provided by some VA medical center locations, however. According to data from the VA, 2,472 veterans stayed in residential treatment facilities in FY2009, with an average stay of about 68 days.⁹⁰ The HCHV program as a whole treated approximately 77,696 veterans in that same year.⁹¹

Of veterans screened for admission to HCHV, 54% had a severe psychiatric problem, about 60% were dependent on alcohol and/or drugs, and 37% had both a psychiatric problem and a substance use disorder.⁹² Housing outcomes reported for veterans who lived in residential treatment facilities were as follows: 37.6% of residents moved into an apartment, room, or house (unspecified whether on their own or shared with another); 36.7% moved into a halfway house or other transitional housing; 8.2% did not identify a housing situation; and the whereabouts of another 17.5% were unknown.⁹³ Regarding employment, 16.1% of those who left residential treatment facilities were engaged in full- or part-time employment, 14.3% were involved in veterans industries, 29.6% had a disability or were retired, and 34.2% were unemployed. The

(...continued)

repealed the authority in P.L. 100-6 and established the HCHV program as a pilot program. The program was then made permanent in the Veterans Benefits Act of 1997 (P.L. 105-114). The HCHV program is now codified at 38 U.S.C. §§ 2031-2034.

⁸⁵ 38 U.S.C. § 2031, § 2034.

⁸⁶ Veterans Administration, Report to Congress of member agencies of the Interagency Council on Homelessness pursuant to Section 203(c)(1) of P.L. 100-77, October 15, 1987.

⁸⁷ Wesley J. Kaspro, Timothy Cuerdon, Diane DiLello, Leslie Cavallaro, and Nicole Harelik, *Healthcare for Homeless Veterans Programs: Twenty-Third Annual Report*, U.S. Department of Veterans Affairs Northeast Program Evaluation Center, March 25, 2010, Executive Summary, p. i (hereinafter, *Healthcare for Homeless Veterans Programs: Twenty-Third Annual Report*).

⁸⁸ The program was most recently authorized in the Veterans Benefits, Health Care, and Information Technology Act of 2006 (P.L. 109-461).

⁸⁹ FY2004 VA Budget Justifications, p. 2-163.

⁹⁰ *Healthcare for Homeless Veterans Programs: Twenty-Third Annual Report*, pp. 121-122.

⁹¹ *Ibid.*, p. 23.

⁹² *Ibid.*, p. 26.

⁹³ *Ibid.*, p. 144.

outcomes include veterans who are considered to have both successful and unsuccessful discharges from the program. Successful discharge is one where “the discharge was mutually agreed-upon and the Veteran participated in accordance with program rules and treatment goals.”⁹⁴ See **Table 5**.

Domiciliary Care for Homeless Veterans

Domiciliary care consists of rehabilitative services for physically and mentally ill or aged veterans who need assistance, but are not in need of the level of care offered by hospitals and nursing homes. Congress first provided funds for the Domiciliary Care program for *homeless* veterans in 1987 through a supplemental appropriations act (P.L. 100-71). Prior to enactment of P.L. 100-71, domiciliary care for veterans generally (now often referred to as Residential Rehabilitation and Treatment programs) had existed since the 1860s. The program for homeless veterans was implemented to reduce the use of more expensive inpatient treatment, improve health status, and reduce the likelihood of homelessness through employment and other assistance. Congress has appropriated funds for the DCHV program since its inception.

Program Data

The DCHV program operates at 42 VA medical centers and has 2,152 beds available.⁹⁵ In FY2009, the number of veterans completing treatment was 6,311.⁹⁶ Of those admitted to DCHV programs, 90.2% were diagnosed with a substance use disorder, more than two-thirds (67.9%) were diagnosed with serious mental illness, and 61.0% had both diagnoses.⁹⁷ The average length of stay for veterans in FY2009 was 112 days, during which they received medical, psychiatric and substance abuse treatment, as well as vocational rehabilitation. Upon discharge, the VA reported that 30.5% of veterans went to live in their own apartment, room, or house; 25.1% moved in with a family member or friend; 26.7% continued treatment in a halfway house, transitional housing program, nursing home, or another domiciliary program; 5.8% were homeless upon discharge; 1.1% were discharged to jail or prison; and the location of 7.7% of participants was unknown.⁹⁸ In the area of employment, 22.0% of veterans were in part- or full-time employment, 23.6% had a disability or were retired, 25.0% were unemployed, and 19.0% were engaged in vocational training or the VA’s Compensated Work Therapy program. See **Table 5**.

Compensated Work Therapy/Transitional Residence Program

The Compensated Work Therapy (CWT) Program has existed at the VA in some form since the 1930s.⁹⁹ The program was authorized in P.L. 87-574 as “Therapeutic and Rehabilitative

⁹⁴ Ibid., p. 123.

⁹⁵ Catherine Leda Seibyl, Sharon Medak, Linda Baldino, and Timonthy Cuerdon, *Twenty-First Progress Report on the Domiciliary Care for Homeless Veterans Program, FY2009*, U.S. Department of Veterans Affairs Northeast Program Evaluation Center, March 24, 2010, p. 2 (hereinafter, *Twenty-First Progress Report on the Domiciliary Care for Homeless Veterans Program*).

⁹⁶ Ibid., p. 7.

⁹⁷ Ibid., pp. 8-9.

⁹⁸ Ibid., p. 9.

⁹⁹ Senate Veterans Affairs Committee, report to accompany S. 2908, 94th Cong., 2nd sess., S.Rept. 94-1206, September 9, 1976.

Activities,” and was substantially amended in P.L. 94-581, an act that amended various aspects of veteran health care programs.¹⁰⁰ The CWT program is permanently authorized through the VA’s Special Therapeutic and Rehabilitation Activities Fund.¹⁰¹

The goal of the CWT program is to give veterans with disabilities work experience and skills so that they may re-enter the workforce and maintain employment on their own. The VA either employs veterans directly (in FY2009, 47.6% of veterans in the CWT program worked for the VA¹⁰²), finds work for veterans at other federal agencies, or enters into contracts with private companies or nonprofit organizations that then provide veterans with work opportunities. Veterans must be paid wages commensurate with those wages in the community for similar work, and through the experience the goal is that participants will improve their chances of living independently and reaching self sufficiency. In 2003, the Veterans Health Care, Capital Asset, and Business Improvement Act (P.L. 108-170) added work skills training, employment support services, and job development and placement services to the activities authorized by the CWT program.

In 1991, as part of P.L. 102-54, the Veterans Housing, Memorial Affairs, and Technical Amendments Act, Congress added the Therapeutic Transitional Housing component to the CWT program. The housing component is authorized through December 31, 2011.¹⁰³ The purpose of the program is to provide housing to participants in the CWT program who have mental illnesses or chronic substance use disorders and who are homeless or at risk of homelessness.¹⁰⁴ Although the law initially provided that both the VA itself or private nonprofit organizations, through contracts with the VA, could operate housing, the law was subsequently changed so that only the VA now owns and operates housing.¹⁰⁵ The housing is transitional—up to 12 months—and veterans who reside there receive supportive services. As of FY2009, the VA operated 42 transitional housing facilities with 633 beds.¹⁰⁶

Program Data

In FY2009, 11,385 veterans were admitted into the CWT program, 52% of whom were homeless. Similar to those veterans who enter into the VA’s Health Care for Homeless Veterans and Domiciliary Care for Homeless Veterans programs, large percentages of veterans engaged in the CWT program in FY2009 suffered from mental illness and substance abuse issues. Of those admitted to the CWT program, 72.9% of veterans had a substance abuse problem, 67.5% had serious mental illness, and 46.6% were dually diagnosed (i.e., had both a substance abuse issue

¹⁰⁰ The CWT program is codified at 38 U.S.C. § 1718.

¹⁰¹ 38 U.S.C. § 1718(c).

¹⁰² Sandra D. Resnick, Richard Kaczynski, Debbie Sieffert, et. al., *Thirteenth Progress Report on the Compensated Work Therapy (CWT) Program, Fiscal Year 2009*, Department of Veterans Affairs Northeast Program Evaluation Center, Table 29 (hereinafter, *Thirteenth Progress Report on the Compensated Work Therapy (CWT) Program*).

¹⁰³ The program was authorized as part of the Veterans Benefits, Health Care, and Information Technology Act of 2006 (P.L. 109-461). See 38 U.S.C. § 2031.

¹⁰⁴ The VA’s authority to operate therapeutic housing is codified at 38 U.S.C. § 2032.

¹⁰⁵ The provision for nonprofits was in P.L. 102-54, but was repealed by P.L. 105-114, Section 1720A(c)(1).

¹⁰⁶ Catherine Leda Seibyl, Sharon Medak, Linda Baldino, and Timothy Cuerdon, *Compensated Work Therapy/Transitional Residence (CWT/TR) Program Fiscal Year 2009*, Department of Veterans Affairs, Northeast Program Evaluation Center, June 2010, report summary.

and mental illness).¹⁰⁷ In addition, 80.1% of participants were found to have a disabling medical condition, with nearly all participants (99.8%) having a psychiatric disorder or disabling medical condition or both.¹⁰⁸

Of those who were discharged from the program (10,895 veterans), more than half (53.7%) left through a mutually agreed upon or planned discharge.¹⁰⁹ 27.3% were in full or part-time employment.¹¹⁰ Approximately 13.2% were involved in activities including training, volunteering, interning, or continuing in VA-supported work; 16.1% retired or were considered disabled; and 43.2% were unemployed.¹¹¹ The reported housing situations of those discharged from the program were as follows: 43.0% were living in their own apartment, house, or room; 19.5% were living with family or friends; another 19.5% were in transitional housing or a halfway house; 3.3% were in a nursing home or domiciliary facility; 4.1% had no available residence, and the location of the remaining participants (10.6%) was unknown.¹¹² See **Table 5**.

Grant and Per Diem Program

Initially called the Comprehensive Service Programs, the Grant and Per Diem program was introduced as a pilot program in 1992 through the Homeless Veterans Comprehensive Services Act (P.L. 102-590). The law establishing the Grant and Per Diem program, which was made permanent in the Homeless Veterans Comprehensive Services Act of 2001 (P.L. 107-95), authorizes the VA to make grants to public entities or private nonprofit organizations to provide services and transitional housing to homeless veterans.¹¹³ The Grant and Per Diem program is permanently authorized at \$150 million (P.L. 110-387).

The program has two parts: grant and per diem. Eligible grant recipients may apply for funding for one or both parts. The grants portion provides capital grants to purchase, rehabilitate, or convert facilities so that they are suitable for use as either service centers or transitional housing facilities. The capital grants will fund up to 65% of the costs of acquisition, expansion or remodeling of facilities.¹¹⁴ Grants may also be used to procure vans for outreach and transportation of homeless veterans. The per diem portion of the program reimburses grant recipients for the costs of providing housing and supportive services to homeless veterans. The supportive services that grantees may provide include outreach activities, food and nutrition services, health care, mental health services, substance abuse counseling, case management, child care, assistance in obtaining housing, employment counseling, job training and placement services, and transportation assistance.¹¹⁵ Organizations may apply for per diem funds alone (without capital grant funds), as long as they would be eligible to apply for and receive capital grants.

¹⁰⁷ Ibid., Table 4.

¹⁰⁸ Ibid.

¹⁰⁹ *Thirteenth Progress Report on the Compensated Work Therapy (CWT) Program*, Table 5.

¹¹⁰ Ibid., Table 6.

¹¹¹ Ibid.

¹¹² Ibid.

¹¹³ The Grant and Per Diem program is codified at 38 U.S.C. §§ 2011-2013.

¹¹⁴ 38 U.S.C. § 2011(c).

¹¹⁵ 38 CFR § 61.1.

Program Rules and Data

The per diem portion of the Grant and Per Diem program pays organizations for the housing and services that they provide to veterans at a fixed dollar rate for each bed that is occupied.¹¹⁶ Organizations apply to be reimbursed for the cost of care provided, not to exceed the current per diem rate for domiciliary care. The per diem rate increases periodically; the current rate is \$38.90 per day.¹¹⁷ The per diem portion of the program also compensates grant recipients for the services they provide to veterans at service centers. Grantee organizations are paid at an hourly rate of one eighth of either the cost of services or the domiciliary care per diem rate. Any per diem payments are offset by other funds that the grant recipient receives, so the per diem program can be thought of as a payer of last resort, covering expenses after grantees have used funds from other sources. The Advisory Committee on Homeless Veterans has recommended that the per diem reimbursement system be revised to take account of service costs and geographic disparities instead of using a capped rate, and to allow use of other funds (such as those authorized under the McKinney-Vento Homeless Assistance Grants) without offset.¹¹⁸

According to VA data, more than 400 Grant and Per Diem programs were funded in FY2009. These providers had a total of 11,645 beds available for veterans and admitted 17,008 veterans during the fiscal year.¹¹⁹ Veterans stayed an average of 172 days in Grant and Per Diem transitional housing.¹²⁰ The maximum amount of time a veteran may remain in housing is 24 months, with three total stays, though clients may stay longer “if permanent housing for the veteran has not been located or if the veteran requires additional time to prepare for independent living.”¹²¹ Majorities of veterans admitted into the program and later discharged during FY2009 reported alcohol problems (72.5%), drug problems (64.4%), and mental illness (72.9%).¹²² Of all the veterans who received treatment through the program, 46% of treatment episodes were considered successful, meaning that veterans “actively participated in accordance with treatment goals.”¹²³ Of those discharged, 52.5% were living in an apartment, room, or house,¹²⁴ and 26.2% had full- or part-time employment.¹²⁵ See **Table 5**.

Grant and Per Diem for Homeless Veterans with Special Needs

In 2001, Congress created a demonstration program to target grant and per diem funds to specific groups of veterans (P.L. 107-95). These groups include women, women with children, the frail elderly, those veterans with terminal illnesses, and those with chronic mental illnesses. The

¹¹⁶ 38 CFR § 61.33.

¹¹⁷ U.S. Department of Veterans Affairs website, Frequently Asked Questions, accessed March 8, 2011, http://www.va.gov/HOMELESS/GPD_FAQ.asp.

¹¹⁸ 2009 *Annual Report of the Advisory Committee on Homeless Veterans*, July 1, 2009, p. 9, <http://www1.va.gov/advisory/docs/ReportHomeless2009.pdf> (hereinafter, *2009 Advisory Committee on Homeless Veterans Report*).

¹¹⁹ *Healthcare for Homeless Veterans Programs: Twenty-Third Annual Report*, Table 5-1, p. 193.

¹²⁰ *Ibid.*, p. 173.

¹²¹ 38 C.F.R. § 61.80(d) and § 61.33(e).

¹²² *Healthcare for Homeless Veterans Programs: Twenty-Third Annual Report*, Table 5-11, p. 231.

¹²³ *Ibid.*, p. 174.

¹²⁴ *Ibid.*, Table 5-13, p. 235.

¹²⁵ *Ibid.*, Table 5-14, p. 239.

program was initially authorized at \$5 million per year for FY2003 through FY2005. P.L. 109-461, enacted on December 22, 2006, reauthorized the program for FY2007 through FY2011.

Table 5. Selected Outcomes for Veterans Served in VA Homeless Programs
FY2009

Outcomes	Health Care for Homeless Veterans (HCHV)	Domiciliary Care for Homeless Veterans ^a (DCHV)	Compensated Work Therapy Program (CWT)	Grant and Per Diem Program (GPD)
Veteran Population Surveyed	2,463 ^b	6,311 ^c	10,895 ^d	15,906 ^e
Housing Outcomes				
% Apartment, Room, House	37.6	55.6	62.5	52.5
Own Housing	—	30.5	43.0	—
Family or Friend	—	25.1	19.5	—
% Halfway House/Transitional Housing	36.7	20.7	19.5	19.5
% Hospital, Nursing Home, Domiciliary Care	—	6.0 ^f	3.3	—
% None Identified	8.2	5.8 ^g	4.1	7.5
% Prison or Jail	—	1.1	—	—
% Unknown	17.5	7.7	10.6	20.6
Employment Outcomes				
% Full-Time Employment	8.9	17.9	21.3	18.8
% Part-Time Employment	7.2	4.1	6.0	7.4
% Veterans Industries/CWT	14.3 ^h	18.1	5.7 ⁱ	—
% Retired or with Disability	29.6	23.6	16.1	32.3
% Unemployed	34.2	25.0	43.2	28.3
% Training, Volunteer, Student	0.6	2.4	7.5	6.3
% Unknown	5.3 ⁱ	6.9	15.5	6.9

Source: *Healthcare for Homeless Veterans Programs: Twenty-Third Annual Report*, Table 4-9 (HCHV) and Table 5-11 (GPD), *Twenty-First Progress Report on the Domiciliary Care for Homeless Veterans Program*, FY2009, Table 9; and *Thirteenth Progress Report on the Compensated Work Therapy (CWT) Program*, Table 6.

- a. In both housing and employment outcomes, the DCHV report is the only one of the four to contain an “other” category. For housing, this category was 3.1% of the total, and for employment it was 2.2%.
- b. HCHV program outcomes are for veterans who resided in residential treatment facilities.
- c. DCHV outcomes are for veterans who were discharged from the program.
- d. The CWT program reports outcomes for individuals discharged from the program.
- e. Those in the GPD program include all individuals discharged.
- f. The DCHV further breaks this information down into those discharged to hospitals or nursing homes (3.4%) and those who enter another domiciliary care program (2.6%).
- g. DCHV reports this category as “shelter/outdoors.”
- h. HCHV refers to veterans working in “veterans industries.”

- i. For the CWT program, this category is for veterans engaged in the Incentive Therapy program.
- j. HCHV includes “other” with unknown employment outcome.

Supportive Services for Veteran Families

In the 110th Congress, the Veterans’ Mental Health and Other Care Improvements Act of 2008 (P.L. 110-387) authorized a program of supportive services to assist very low-income veterans and their families who either are making the transition from homelessness to housing or who are moving from one location to another. The law specified that funds be made available for the new program from the amount appropriated for VA medical services—\$15 million for FY2009, \$20 million for FY2010, and \$25 million for FY2011. Funds are to be distributed to private nonprofit organizations and consumer cooperatives—the entities that will provide supportive services—through a competitive process. Those organizations that assist families transitioning from homelessness will be given priority for funding. Among the eligible services that recipient organizations may provide are case management, health care services, daily living services, assistance with financial planning, transportation, legal assistance, child care, and housing counseling. A Notice of Funding Availability was released on December 17, 2010.¹²⁶ About \$50 million was made available, with a maximum grant of \$1 million per grantee. Applications were due on March 11, 2011.

Enhanced Use Leases

Since 1991, the VA has had the authority to enter into leases with homeless service providers (among others organizations) to use VA property for a period of time. The arrangement, called Enhanced Use Leases (EULs), was made possible as part of the Veterans’ Benefits Programs Improvement Act (P.L. 102-86).¹²⁷ Generally, the VA may enter into a lease that furthers the mission of the VA and enhances the use of the property or that would result in the improvement of medical care and services to veterans in the geographic area.¹²⁸ The lease may last for up to 75 years, and the VA must charge “fair consideration” for the lease, which may include in-kind payment such as goods and services that benefit the VA as well as improvements to and maintenance of VA facilities.¹²⁹ According to VA budget documents, of the 60 EULs that have been awarded, 16 are classified as homeless services, transitional housing, or single room occupancy housing,¹³⁰ while several additional projects to serve homeless veterans are approved priority projects.¹³¹

Acquired Property Sales for Homeless Veterans

The Acquired Property Sales for Homeless Veterans program is operated through the Veterans Benefits Administration (VBA). The program was enacted as part of the Veterans Home Loan

¹²⁶ U.S. Department of Veterans Affairs, “Fund Availability Under the Supportive Services for Veteran Families Program,” 75 *Federal Register* 242, December 17, 2010.

¹²⁷ 38 U.S.C. §§ 8161-8169.

¹²⁸ 38 U.S.C. § 8162.

¹²⁹ *Ibid.*

¹³⁰ U.S. Department of Veterans Affairs, *FY2012 Congressional Budget Justification, Volume IV: Construction and the 10 Year Capital Plan*, Appendix E, http://www.va.gov/budget/docs/summary/Fy2012_Appendix-10_Year_Plan.pdf.

¹³¹ *Ibid.*, Appendix F.

Guarantee and Property Rehabilitation Act of 1987 (P.L. 100-198). The current version of the program was authorized in P.L. 102-54 (a bill to amend Title 38 of the U.S. Code), and is authorized through December 31, 2011.¹³²

Through the program, the VA is able to dispose of properties that it has acquired through foreclosures on its loans so that they can be used for the benefit of homeless veterans. Specifically, the VA can sell, lease, lease with the option to buy, or donate, properties to nonprofit organizations and state government agencies that will use the property only as homeless shelters primarily for veterans and their families.

Loan Guarantee for Multifamily Transitional Housing Program

The Veterans Programs Enhancement Act of 1998 (P.L. 105-368) created a program in which the VA was to guarantee loans to eligible organizations so that they could construct, rehabilitate, or acquire property to provide multifamily transitional housing for homeless veterans.¹³³ The law required sponsors to provide supportive services, ensure that residents seek to obtain and maintain employment, enact guidelines to require sobriety as a condition of residency, and charge veterans a reasonable fee.¹³⁴ Not more than 15 loans with an aggregate total of up to \$100 million were to be guaranteed under this program. One project, sponsored by Catholic Charities of Chicago, opened, with 141 transitional units for homeless veterans.¹³⁵

According to the VA, the agency was slow to implement the program due to service providers' concerns that they may not be able to operate housing for such a needy population and still repay the guaranteed loans.¹³⁶ In its 2008 report, the Advisory Committee on Homeless Veterans recommended that the program be terminated. According to the Advisory Committee's 2009 report, then-VA Secretary Peake wrote to the members of the VA authorizing and appropriations committees and said that the VA would no longer actively pursue the program,¹³⁷ and the FY2011 VA budget documents state that no new loans will be executed.¹³⁸

¹³² The program was most recently authorized in the Veterans Benefits, Health Care, and Information Technology Act of 2006 (P.L. 109-461). The program is codified at 38 U.S.C. § 2041.

¹³³ 38 U.S.C. §§ 2051-2054.

¹³⁴ 38 U.S.C. § 2052(b).

¹³⁵ See U.S. Department of Veterans Affairs, "Multifamily Transitional Housing Loan Guarantee Program: Program Overview," presentation by Claude B. Hutchinson, Jr., July 2007.

¹³⁶ Testimony of Pete Dougherty, Director, Homeless Veterans Programs, Department of Veterans Affairs, House Appropriations Committee, Subcommittee on Military Construction and Veterans Affairs, *FY2008 Appropriations*, 110th Cong., 1st sess., March 8, 2007.

¹³⁷ *2009 Annual Report of the Advisory Committee on Homeless Veterans*, July 1, 2009, pp. 24-25, <http://www1.va.gov/advisory/docs/ReportHomeless2009.pdf>.

¹³⁸ U.S. Department of Veterans Affairs, *FY2011 Congressional Budget Justification, Volume III, Benefits and Burial Programs and Departmental Administration*, p. 2E-8, http://www4.va.gov/budget/docs/summary/Fy2011_Volume_3-Benefits_and_Burial_and_Dept_Admin.pdf.

VA and HUD Collaborations

HUD-VASH

The HUD-VA Supported Housing (HUD-VASH) program began in 1992 as a collaboration between the VA and HUD whereby HUD provided housing to homeless veterans through a set-aside of Section 8 vouchers and the VA provided supportive services. The program targeted veterans with severe psychiatric or substance use disorders and distributed approximately 1,753 Section 8 vouchers to veterans over three years.¹³⁹ Through the program, local Public Housing Authorities (PHAs) administered the Section 8 vouchers while local VA medical centers provided case management and clinical services to participating veterans. After the initial voucher distributions, no new vouchers were made available to homeless veterans for approximately 15 years—until FY2008, when HUD-VASH was revived by Congress. This section of the report discusses the program's progression.

HUD initially distributed Section 8 vouchers to PHAs through three competitions, in 1992, 1993, and 1994. Prior to issuing the vouchers, HUD and the VA had identified medical centers with Domiciliary Care and Health Care for Homeless Veterans programs that were best suited to providing services. PHAs within the geographic areas of the VA medical centers were invited to apply for vouchers. In the first year that HUD issued vouchers, 19 PHAs were eligible to apply, and by the third year the list of eligible VA medical centers and PHAs had expanded to 87.¹⁴⁰ HUD has not separately tracked these Section 8 vouchers, and over the years when veterans have left the program and returned their vouchers to PHAs, the vouchers are not necessarily turned over to other veterans. The VA keeps statistics on veterans with vouchers who receive treatment through the VA, however. In FY2008, the VA reported that there were 522 veterans actively enrolled in HUD-VASH.¹⁴¹

In 2001, Congress codified the HUD-VASH program (P.L. 107-95) and authorized the creation of an additional 500 vouchers for each year from FY2003 through FY2006.¹⁴² A bill enacted at the end of the 109th Congress (P.L. 109-461) also provided the authorization for additional HUD-VASH vouchers. However, it was not until FY2008 that Congress provided funding for additional vouchers: the Consolidated Appropriations Act (P.L. 110-161) included \$75 million to fund Section 8 vouchers for homeless veterans for one year (after the first year, funding for the vouchers is absorbed into the tenant-based Section 8 account). Congress continued to fund new vouchers in FY2009 (P.L. 111-8) and FY2010 (P.L. 111-117) as well, appropriating \$75 million in each year. Language in each of the three appropriations acts specified that the VA and HUD would determine the allocation of vouchers based on geographic need as determined by the VA, PHA administrative performance, and other factors that HUD and the VA may specify. Each law also provided that the vouchers must be given to another veteran upon turnover.

¹³⁹ The first announcement of voucher availability was made in the *Federal Register*. See U.S. Department of Housing and Urban Development, "Invitation for FY1992 Section 8 Rental Voucher Set-Aside for Homeless Veterans with Severe Psychiatric or Substance Abuse Disorders," 57 *Federal Register* no. 55, p. 9955, March 20, 1992.

¹⁴⁰ U.S. Department of Housing and Urban Development, "Funding Availability (NOFA) for the Section 8 Set-Aside for Homeless Veterans with Severe Psychiatric or Substance Abuse Disorders," 59 *Federal Register* no. 134, p. 36015, July 14, 1994.

¹⁴¹ *Healthcare for Homeless Veterans Programs: Twenty-Second Annual Report*, p. 279.

¹⁴² 42 U.S.C. § 1437f(o)(19).

The appropriations laws for HUD-VASH allow HUD to waive any statutory or regulatory provision regarding the vouchers¹⁴³ if it is necessary for the “effective delivery and administration” of assistance. Pursuant to this provision, in the guidance governing the FY2008 funds for vouchers, HUD waived the statutory requirement that vouchers be made available only to those veterans with mental illnesses and substance use disorders.¹⁴⁴ In administering the vouchers, local VA medical centers determine veteran eligibility for the program and veterans are then referred to partnering PHAs. The PHAs review applicants only for income eligibility and to ensure that they are not subject to lifetime sex offender registration.

The FY2008 and FY2009 appropriations funded 10,150 and 10,290 new vouchers, respectively, and were distributed to recipient housing authorities located in all 50 states, the District of Columbia, Puerto Rico, and Guam.¹⁴⁵ According to the VA, as of January 2011 approximately 17,500 of the FY2008- and FY2009-funded vouchers were currently under lease.¹⁴⁶ In FY2010, HUD announced three separate distributions of HUD-VASH vouchers. On June 3, 2010, HUD announced the allocation of 7,705 vouchers to PHAs in 48 states, the District of Columbia, and Guam (Hawaii and Wyoming were not part of the first distribution).¹⁴⁷ Two weeks later, HUD announced that another 1,255 vouchers would be distributed to PHAs in 19 states (including Hawaii and Wyoming) and Puerto Rico.¹⁴⁸ The third round of funding was announced on September 28, 2010, with PHAs in 19 states receiving funding sufficient to support 550 vouchers.¹⁴⁹

Project-Based HUD-VASH Vouchers

HUD allows PHAs to project base up to 50% of HUD-VASH vouchers. When vouchers are project based, they are attached to a specific unit of housing and do not move when the tenant moves. This may be desirable in housing markets where it is difficult to find housing providers who accept vouchers, and it may be a more efficient arrangement for providing supportive services. HUD-VASH vouchers can be project based as long as the funding for those vouchers does not exceed 20% of the PHA’s tenant-based voucher budget and as long as the local VA medical center agrees to the plan. If a veteran lives in a unit where HUD-VASH vouchers have been project based and wants to move, the PHA must provide the tenant with a Section 8 voucher or other tenant-based assistance. On the same day that the third FY2010 voucher funding announcement was made, HUD released a notice of available funding for project-based HUD-VASH vouchers from the remaining FY2010 appropriation.¹⁵⁰ Funding for these project-based

¹⁴³ With the exception of those involving fair housing, nondiscrimination, labor standards, and the environment.

¹⁴⁴ U.S. Department of Housing and Urban Development, “Section 8 Housing Choice Vouchers: Implementation of the HUD-VA Supportive Housing Program,” 73 *Federal Register* 25027, May 6, 2008.

¹⁴⁵ For a list of how the FY2008 and FY2009 vouchers were allocated to local housing authorities, see <http://www.hud.gov/offices/pih/programs/hcv/vash/docs/vash-awards.xls>.

¹⁴⁶ VA summary of HUD-VASH voucher performance.

¹⁴⁷ A table of the vouchers allocated to each housing authority is available at <http://portal.hud.gov/portal/page/portal/HUD/documents/hud-vash2010round1.pdf>.

¹⁴⁸ A table showing the allocation of the second round of vouchers is available at <http://portal.hud.gov/portal/page/portal/HUD/documents/hudvash2010.pdf>.

¹⁴⁹ The funding chart is available on HUD’s website at http://portal.hud.gov/portal/page/portal/HUD/documents/hud-vashr3_fundingchart.pdf.

¹⁵⁰ U.S. Department of Housing and Urban Development, Notice PIH 2010-40, *Set-Aside Funding Availability for Project-Basing HUD-Veterans Affairs Supportive Housing Vouchers*, September 28, 2010, http://portal.hud.gov/portal/page/portal/HUD/program_offices/administration/hudclips/notices/pih/files/10-40pihn.pdf.

vouchers will be awarded competitively, and any PHA that has received an allocation of HUD-VASH vouchers in FY2008, FY2009, or FY2010 is eligible to apply. A total of about 500 vouchers are available, and PHAs may apply for up to 50 vouchers as part of this competition; the deadline to apply was February 28, 2011.¹⁵¹

Program Evaluations

The VA is collecting and evaluating data regarding the HUD-VASH vouchers that were funded beginning in FY2008, but has not yet released information.¹⁵² However, some outcomes are available regarding participants who received vouchers in the early stages of the program. Long-term evaluations of the HUD-VASH program have shown both improved housing and improved substance abuse outcomes among veterans who received the vouchers over those who did not.¹⁵³ Veterans who received vouchers experienced fewer days of homelessness and more days housed than veterans who received intensive case management assistance or standard care through VA homeless programs alone.¹⁵⁴ Analysis also found that veterans with HUD-VASH vouchers had fewer days of alcohol use, fewer days on which they drank to intoxication, and fewer days of drug use.¹⁵⁵ HUD-VASH veterans were also found to have spent fewer days in institutions.¹⁵⁶ Over the long term, veterans who received vouchers had a lower risk of returning to homelessness than those who received intensive case management or standard assistance.¹⁵⁷ Factors that increased the risk of returning to homelessness were alcohol or drug dependence and a diagnosis of PTSD.¹⁵⁸ Lower risk was found among those with psychiatric problems, possibly due to supportive services to assist those individuals with their housing.¹⁵⁹

Demonstration Program to Prevent Homelessness Among Veterans

As part of the FY2009 Omnibus Appropriations Act (P.L. 111-8), Congress appropriated \$10 million through the HUD Homeless Assistance Grants account to be used for a pilot program to prevent homelessness among veterans. The appropriation law required that the program be operated in a limited number of sites, at least three of which were to have a large number of individuals transitioning from military to civilian life, and at least four of which were to be in rural areas.

¹⁵¹ HUD Correction to Notice PIH 2010-40 (extending the application deadline from January 26, 2011), <http://www.hud.gov/offices/pih/publications/notices/10/pih2010-40.pdf>.

¹⁵² *Healthcare for Homeless Veterans Programs: Twenty-Second Annual Report*, p. 277.

¹⁵³ Robert Rosenheck, Wesley Kaspro, Linda Frisman, and Wen Liu-Mares, "Cost-effectiveness of Supported Housing for Homeless Persons with Mental Illness," *Archives of General Psychiatry* 60 (September 2003): 940 (hereinafter, "Cost-effectiveness of Supported Housing for Homeless Persons with Mental Illness"). An-Lin Cheng, Haiqun Lin, Wesley Kaspro, and Robert Rosenheck, "Impact of Supported Housing on Clinical Outcomes," *Journal of Nervous and Mental Disease* 195, no. 1 (January 2007): 83 (hereinafter, "Impact of Supported Housing on Clinical Outcomes").

¹⁵⁴ "Cost-effectiveness of Supported Housing for Homeless Persons with Mental Illness," p. 945.

¹⁵⁵ "Impact of Supported Housing on Clinical Outcomes," p. 85.

¹⁵⁶ *Ibid.*

¹⁵⁷ Maria J. O'Connell, Wesley Kaspro, and Robert A. Rosenheck, "Rates and Risk Factors for Homelessness After Successful Housing in a Sample of Formerly Homeless Veterans," *Psychiatric Services*, vol. 59, no. 3 (March 2008), pp. 268-275.

¹⁵⁸ *Ibid.*, p. 270.

¹⁵⁹ *Ibid.*, p. 273.

In July 2010, HUD issued a notice of implementation of the new demonstration program.¹⁶⁰ HUD, in consultation with the VA and DOL, selected five geographic areas in which local Continuums of Care (CoCs) will assign a grantee to carry out the prevention program. The areas were chosen based on the number of homeless veterans reported by the local CoC and VA Medical Center, the number of Operation Iraqi Freedom and Operation Enduring Freedom veterans accessing VA health care, the presence and diversity of military sites in the area (e.g., representation of different branches of the military, National Guard, and Reserves), availability of VA health care, type of geographic area (urban versus rural), and the community's capacity to administer the prevention program. The five areas and corresponding military bases selected are (1) San Diego, CA (Camp Pendleton), (2) Killeen, TX (Fort Hood), (3) Watertown, NY (Fort Drum), (4) Tacoma, WA (Joint Base Lewis-McChord), and (5) Tampa, FL (MacDill Air Force Base).

The prevention program will operate much like the Homelessness Prevention and Rapid Re-Housing Program that was created as part of the American Recovery and Reinvestment Act (P.L. 111-5). Funds may be used for short-term rental assistance (up to three months) or medium-term rental assistance (4-18 months), for up to six months of rental arrears, for security or utility deposits, utility payments, and help with moving expenses.¹⁶¹ Recipients may also use funds for supportive services that help veterans and their families find and maintain housing such as case management, housing search and placement, credit repair, child care, and transportation.¹⁶² To be eligible, veterans and their families must meet the following criteria:¹⁶³

- have income at or below 50% of the area median income;
- be experiencing short-term homelessness or be at risk of losing housing;
- lack the resources or support networks to obtain housing or remain housed; and
- be experiencing instability as evidenced by one of the following: (1) living on the street or in shelter for less than 90 days, (2) being at least one month behind in rent, (3) facing eviction within two weeks, (4) being discharged from an institution, (5) living in condemned housing, (6) being behind on utility payments by at least a month, (7) paying greater than 50% of income for housing, or (8) facing a sudden and significant loss of income.

The Department of Labor

The Department of Labor (DOL) contains an office specifically dedicated to the employment needs of veterans, the office of Veterans' Employment and Training Service (VETS). In addition to its program for homeless veterans—the Homeless Veterans Reintegration Program (HVRP)—VETS funds employment training programs for all veterans. These include the Veterans Workforce Investment Program and the Transition Assistance Program.

¹⁶⁰ U.S. Department of Housing and Urban Development, *Notice of FY2009 Implementation of the Veterans Homelessness Prevention Demonstration Program*, July 14, 2010, <http://www.hudhre.info/documents/VetsHomelessPreventionDemo.pdf>.

¹⁶¹ *Ibid.*, pp. 9-11.

¹⁶² *Ibid.*, p. 11.

¹⁶³ *Ibid.*, pp. 13-14.

Homeless Veterans Reintegration Program

Established in 1987 as part of the McKinney-Vento Homeless Assistance Act (P.L. 100-77), the HVRP was authorized most recently through FY2011 as part of the Veterans' Benefits Act of 2010 (P.L. 111-275), which was signed into law on October 13, 2010. The law also created a separate HVRP for women veterans and veterans with children. The new program, which includes child care among its services, is authorized from FY2011 through FY2015 at \$1 million per year.

The HVRP program has two goals. The first is to assist veterans in achieving meaningful employment, and the second is to assist in the development of a service delivery system to address the problems facing homeless veterans. Eligible grantee organizations are state and local Workforce Investment Boards, local public agencies, and both for- and non-profit organizations.¹⁶⁴ Grantees receive funding for one year, with the possibility for two additional years of funding contingent on performance and fund availability.¹⁶⁵ The DOL awards grants separately for urban and non-urban areas.

HVRP grantee organizations provide services that include outreach, assistance in drafting a resume and preparing for interviews, job search assistance, subsidized trial employment, job training, and follow-up assistance after placement. Recipients of HVRP grants also provide supportive services not directly related to employment such as transportation, provision of assistance in finding housing, and referral for mental health treatment or substance abuse counseling. HVRP grantees often employ formerly homeless veterans to provide outreach to homeless veterans and to counsel them as they search for employment and stability. In fact, from the inception of the HVRP, it has been required that at least one employee of grantee organizations be a veteran who has experienced homelessness.¹⁶⁶

In program year (PY) 2007 (from July 1, 2007, through June 30, 2008), HVRP grantees were expected to serve a total of 13,446 homeless veterans, of whom an estimated 9,061, or 67%, were expected to be placed in employment.¹⁶⁷ In 2007, DOL predicted that 64.5% of veterans who were placed in employment would maintain employment for six months.¹⁶⁸ The previous year, 64% of veterans maintained employment for at least six months.

Stand Downs for Homeless Veterans

A battlefield stand down is the process in which troops are removed from danger and taken to a safe area to rest, eat, clean up, receive medical care, and generally recover from the stress and chaos of battle. Stand Downs for Homeless Veterans are modeled on the battlefield stand down

¹⁶⁴ U.S. Department of Labor, Veterans' Employment and Training Service, Solicitation for Grant Applications, Urban and Non-Urban Homeless Veterans' Reintegration Program (HVRP) Grants For Program Year (PY) 2010, March 26, 2010, p. 21, <http://www.dol.gov/vets/grants/2010/HVRP%20PY%202010%20SGA%20%28PDF%29.pdf>.

¹⁶⁵ *Ibid.*, p. 18.

¹⁶⁶ "Procedures for Preapplication for Funds; Stewart B. McKinney Homeless Assistance Act, FY1988" *Federal Register* vol. 53, no. 70, April 12, 1988, p. 12089.

¹⁶⁷ U.S. Department of Labor, Office of the Assistance Secretary for Veterans' Employment and Training, *FY2006 and FY2007 Annual Report to Congress*, May 21, 2008, p. 10.

¹⁶⁸ U.S. Department of Labor, Office of Veterans' Employment and Training, *FY2008 VETS Annual Report to Congress*, p. 5, http://www.dol.gov/vets/media/FY2008_Annual_Report_To_Congress.pdf.

and are local events, staged annually in many cities across the country, in which local Veterans Service Organizations, businesses, government entities, and other social service organizations come together for up to three days to provide similar services for homeless veterans. Items and services provided at stand downs include food, clothing, showers, haircuts, medical exams, dental care, immunizations, and, in some locations where stand downs take place for more than one day, shelter. Another important facet of stand downs, according to the National Coalition for Homeless Veterans, is the camaraderie that occurs when veterans spend time among other veterans.

Although stand downs are largely supported through donations of funds, goods, and volunteer time, the DOL VETS office may award both HVRP grant recipient organizations or other organizations that would be eligible up to \$10,000 to fund stand downs.¹⁶⁹

Incarcerated Veterans Transition Program

The Homeless Veterans Comprehensive Assistance Act of 2001 (P.L. 107-95) instituted a demonstration program to provide job training and placement services to veterans leaving prison.¹⁷⁰ The program expired on January 24, 2006, but was extended by Congress through FY2012 as part of the Veterans' Mental Health and Other Care Improvements Act of 2008 (P.L. 110-387). The new law removed the program's demonstration status, expanded the number of sites able to provide services to twelve, and changed the name slightly to "Referral and Counseling Services: Veterans at Risk of Homelessness Who Are Transitioning from Certain Institutions." Both the FY2010 and FY2011 Department of Labor budget documents state that of the funds requested for HVRP, up to \$4 million would be used for this program.¹⁷¹ On May 5, 2010, DOL published a solicitation for grant applications that was expected to fund at least 12 grants.¹⁷²

While in its demonstration phase, the program awarded \$1.45 million in initial grants to seven recipients. DOL extended these seven grants through March 2006 with funding of \$1.6 million, and then again for an additional 15 months, though June 30, 2007, with \$2 million in funding.¹⁷³ The Department of Labor reported that these grant recipients enrolled 2,191 veterans in the transition program in FY2004 through FY2006 and that of these enrollees, 1,104, or 54%, entered employment.¹⁷⁴ The average wage for those veterans entering employment was \$10.00 per hour.

¹⁶⁹ U.S. Department of Labor, Veterans' Employment and Training Service, "FY2011 through FY2013 Stand Down Grant Requests," 76 *Federal Register* 13236-13239, March 10, 2011.

¹⁷⁰ 38 U.S.C. § 2023.

¹⁷¹ U.S. Department of Labor, *FY2010 Congressional Budget Justification*, Volume III, Veterans' Employment and Training Service, p. VETS-26, <http://www.dol.gov/dol/budget/2010/PDF/CBJ-2010-V3-06.pdf>; *FY2011 Congressional Budget Justification*, Volume III, Veterans' Employment and Training Service, p. VETS-37, <http://www.dol.gov/dol/budget/2011/PDF/CBJ-2011-V3-05.pdf>.

¹⁷² The solicitation is available at <http://www.dol.gov/vets/programs/ivtp/main.htm>.

¹⁷³ *Vets Employment and Training Service FY2006 and FY2007 Annual Report to Congress*, p. 12.

¹⁷⁴ *Ibid.*, 13.

Issues Regarding Veterans and Homelessness

The VA Plan to End Veteran Homelessness

On November 3, 2009, the VA announced a plan to end homelessness among veterans within five years.¹⁷⁵ The VA outlined six areas of focus for the new plan in its FY2011 budget justifications: (1) outreach and education, (2) treatment, (3) prevention, (4) housing and supportive services, (5) employment and benefits, and (6) community partnerships.¹⁷⁶ In both the FY2011 and FY2012 budget documents, the VA laid out program expansions and implementation of new programs to address homelessness:

- In FY2012, the VA plans to expand some of the existing homeless programs discussed in this report. Specifically, the Grant and Per Diem Program would serve 20,000 veterans (in FY2008, the program discharged 15,511 veterans), the Domiciliary Care for Homeless Veterans program plans to open five new 40-bed facilities in FY2012, and the HUD-VASH program would receive additional vouchers. The VA budget proposed 10,000 new HUD-VASH vouchers in FY2011 and FY2012, and the HUD budget proposed 10,000 vouchers for FY2012.
- The VA-HUD pilot to prevent veteran homelessness and the VA program of supportive services for very low-income veteran families have both gotten underway, with grants awarded for the homelessness prevention pilot and soon to be awarded (as of the date of this report) for the Supportive Services for Veteran Families (SSVF) program. The VA expects to serve 1,900 veterans between 2011 and 2014 in the prevention pilot and 19,000 veterans in the SSVF program.
- The VA established a National Homeless Registry to keep records of veterans served in homeless-specific programs and measure outcomes achieved. The VA also established a National Call Center for homeless veterans that expects to serve 15,500 veterans in 2012.

During the last several years, estimates of homeless veterans have fallen. VA estimates of the number of veterans who are homeless on a given day fell from 154,000 in FY2007 to 131,000 in FY2008, and then to 107,000 in FY2009. Further, the Veteran Supplement to HUD's Annual Homeless Assessment Report estimated that in 2009 approximately 76,000 veterans were homeless on one day and 136,000 veterans were homeless at some point during the year (see the section of this report entitled "Estimates of the Number of Homeless Veterans").

During this same time period, the need for permanent housing, as reported by homeless veterans, has also declined. The VA's annual CHALENG report surveys homeless veterans as well as government and community service providers about the most pressing unmet needs among homeless veterans. Through FY2006, the highest priority unmet need according to all respondents in the CHALENG reports was long-term permanent housing.¹⁷⁷ However, in the FY2007 report,

¹⁷⁵ See U.S. Department of Veterans Affairs, "Secretary Shinseki Details Plan to End Homelessness for Veterans," press release, November 3, 2009, <http://www1.va.gov/OPA/pressrel/pressrelease.cfm?id=1807>.

¹⁷⁶ *FY2011 VA Budget Justifications*, p. 1K-11.

¹⁷⁷ *The Fifteenth Annual CHALENG Report*, p. 14.

permanent housing was the second-highest unmet need, behind child care.¹⁷⁸ And in FY2008 and FY2009, it fell to the fourth highest unmet need, behind child care, legal assistance for child support issues, family reconciliation assistance (in FY2008), and legal assistance for outstanding warrants/fines (in FY2009).¹⁷⁹

One of the reasons that estimates of homeless veterans are declining and that the highest unmet need is no longer housing could be an increasing emphasis on permanent supportive housing for veterans. The permanent supportive housing model promotes stability by ensuring that residents receive services tailored to their particular needs, including health care, counseling, employment assistance, help with financial matters, and assistance with other daily activities that might present challenges to a formerly homeless individual.

Historically, homeless programs targeted to veterans did not provide permanent supportive housing (although veterans were eligible for housing through HUD's homeless programs). Instead, programs such as Grant and Per Diem offered transitional housing to help veterans become stable, find employment, and eventually transition to permanent housing. However, after leaving transitional housing, veterans competed with other needy groups—including elderly residents, persons with disabilities, and families with young children—for government assisted housing.¹⁸⁰ With the advent of HUD-VASH (discussed earlier in this report), permanent supportive housing funded through the federal government has been targeted to homeless veterans for the last several fiscal years. Congress appropriated \$75 million for more than 10,000 additional Section 8 vouchers for homeless veterans in each of the FY2008, FY2009, and FY2010 appropriations acts.¹⁸¹ The additional Section 8 vouchers, as well as increased funding through VA programs interventions (see **Table 4**), could be making a difference in the number of veterans experiencing homelessness.

Veterans of the Wars in Iraq and Afghanistan

As veterans return from Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF), just as veterans before them, they face risks that could lead to homelessness. The VA reported that in FY2009, it assessed almost 2,300 veterans who served in the OEF/OIF theaters of operations for participation in its Health Care for Homeless Veterans Program.¹⁸² Approximately 1.25 million OEF/OIF troops have been separated from active duty and become eligible for VA health benefits since 2003.¹⁸³ If the experiences of the Vietnam War are any indication, the risk of

¹⁷⁸ *The Fourteenth Annual CHALENG Report*, p. 8.

¹⁷⁹ *The Fifteenth Annual CHALENG Report*, p. 10, and *The Sixteenth Annual CHALENG Report*, p. 12.

¹⁸⁰ According to a 2007 GAO study, veteran households were underrepresented in HUD-assisted housing. GAO estimated that 11% of low-income veteran renter households received HUD rental assistance compared to 19% of low-income nonveteran renter households. Government Accountability Office, *Information on Low-Income Veterans' Housing Needs Conditions and Participation in HUD's Programs*, GAO-07-1012, August 17, 2007, p. 29, available at <http://www.gao.gov/new.items/d071012.pdf>.

¹⁸¹ See the FY2008 Consolidated Appropriations Act (P.L. 110-161), the FY2009 Omnibus Appropriations Act (P.L. 111-8), and the FY2010 Consolidated Appropriations Act (P.L. 111-117).

¹⁸² *Healthcare for Homeless Veterans Programs: Twenty-Third Annual Report*, p. 46.

¹⁸³ Since October 2003, DOD's Defense Manpower Data Center (DMDC) has periodically (every 60 days) sent VA an updated personnel roster of troops who participated in OEF and OIF, and who have separated from active duty and become eligible for VA benefits. The roster was originally prepared based on pay records of individuals. However, in more recent months it has been based on a combination of pay records and operational records provided by each service branch. The current separation data are from FY2002 through December 2010. Note that the total includes (continued...)

becoming homeless continues for many years after service. One study found that after the Vietnam War, 76% of Vietnam era combat troops and 50% of non-combat troops who eventually became homeless reported that at least ten years passed between the time they left military service and when they became homeless.¹⁸⁴

A number of studies have examined the mental health status of troops returning from Iraq and Afghanistan. According to one study of troops returning from Iraq published in the *New England Journal of Medicine*, between 15% and 17% screened positive for depression, generalized anxiety, and PTSD.¹⁸⁵ Another study, conducted by the RAND Corporation, found that of veterans surveyed, 14% reported screening positive for PTSD and 14% for major depression.¹⁸⁶ Veterans returning from Iraq also appear to be seeking out mental health services at higher rates than veterans returning from other conflicts.¹⁸⁷ Research has also found that the length and number of deployments of troops in Iraq result in greater risk of mental health problems.¹⁸⁸ Access to VA health services could be a critical component of reintegration into the community for some veterans, and there is concern that returning veterans might not be aware of available VA health programs and services.¹⁸⁹

The VA has multiple means of reaching out to injured veterans and veterans currently receiving treatment through the Department of Defense (DOD) to ensure that they know about VA health services and to help them make the transition from DOD to VA services.¹⁹⁰ However, for some veterans, health issues, particularly mental health issues, may arise later. A study of Iraq soldiers returning from deployment found that a higher percentage of soldiers reported mental health concerns six months after returning than immediately after returning.¹⁹¹

Women Veterans

The number and percentage of women enlisted in the military have increased since previous wars. In FY2009, approximately 14.1% of enlisted troops in the active components of the military (Army, Navy, Air Force, and Marines) were female, up from approximately 3.3% in FY1974 and

(...continued)

veterans who died in-theater (5,181).

¹⁸⁴ See “Homeless Veterans,” p. 105.

¹⁸⁵ Charles W. Hoge, Carl A. Castro, Stephen C. Messer, and Dennis McGurk, “Combat Duty in Iraq and Afghanistan, Mental Health Problems, and Barriers to Care,” *New England Journal of Medicine* 351, no. 1 (July 1, 2004): Table 3.

¹⁸⁶ Terri Tanielian and Lisa H. Jaycox, eds., *Invisible Wounds of War: Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery* (Santa Monica, CA: RAND Corporation, 2008) 96.

¹⁸⁷ Charles W. Hoge, Jennifer L. Auchterlonie, and Charles S. Milliken, “Mental Health Problems, Use of Mental Health Services, and Attrition from Military Service After Returning from Deployment to Iraq or Afghanistan,” *JAMA* 295, no. 9 (March 1, 2006): 1026, 1029.

¹⁸⁸ Office of the Surgeon Multi-National Force-Iraq and Office of the Surgeon General United States Army Command, *Mental Health Advisory Team V*, February 14, 2008, pp. 42-43, 46-47, available at http://www.armymedicine.army.mil/reports/mhat/mhat_v/MHAT_V_OIFandOEF-Redacted.pdf.

¹⁸⁹ See, for example, Amy Fairweather, *Risk and Protective Factors for Homelessness Among OIF/OEF Veterans*, Swords to Plowshares’ Iraq Veteran Project, December 7, 2006, p. 6.

¹⁹⁰ For more information about transition services, see the National Resource Directory, <http://www.nationalresourcedirectory.gov/>.

¹⁹¹ Charles S. Milliken, Jennifer L. Auchterlonie, and Charles W. Hoge, “Longitudinal Assessment of Mental Health Problems Among Active and Reserve Component Soldiers Returning from the Iraq War,” *JAMA* 298, no. 18 (November 14, 2007): 2141, 2144.

10.9% in FY1990.¹⁹² The number of women veterans can be expected to grow commensurately. According to the VA, there were approximately 1.2 million female veterans in 1990 (4% of the veteran population) and 1.6 million in 2000 (6%).¹⁹³ In 2009, approximately 1.8 million veterans were women.¹⁹⁴ The VA predicted that there would be 1.9 million female veterans (10% of the veteran population) in 2020. At the same time, the number of male veterans is expected to decline.¹⁹⁵

Women veterans face challenges that could contribute to their risks of homelessness. A study of women veterans in the Los Angeles area compared homeless women veterans to women veterans who were housed and found that the characteristics most associated with homelessness were unemployment, having a disability, and being unmarried.¹⁹⁶ Additional factors associated with homelessness were screening positive for PTSD, experiencing military sexual trauma, suffering from an anxiety disorder, and having fair or poor health.

Experts have found that female veterans report incidents of sexual assault that exceed rates reported in the general population.¹⁹⁷ A study of all returning OEF/OIF veterans who used VA mental and/or primary health care found that 15.1% of female veterans reported experiencing sexual assault or harassment while in the military (referred to by the VA as military sexual trauma).¹⁹⁸ Veterans who had experienced military sexual trauma were more likely than other veterans to have been diagnosed with a mental health condition, including depressive disorders, PTSD, anxiety disorders, alcohol and substance use disorders, and adjustment disorders.¹⁹⁹ In particular, the relationship between military sexual trauma and PTSD among women was stronger than it was for men.²⁰⁰ According to another study released in 2004, the percentage of all female veterans seeking medical care through the VA (not just those returning from Iraq or Afghanistan) who reported that they have experienced sexual assault ranged between 23% and 29%.²⁰¹ These factors can increase the difficulty with which women veterans readjust to civilian life, and could be risk factors for homelessness (see earlier discussion in this report).

¹⁹² U.S. Department of Defense, Office of the Under Secretary of Defense, Personnel and Readiness, *Population Representation in the Military Services, FY2009*, Appendix D, Table D-13, <http://prhome.defense.gov/MPP/ACCESSION%20POLICY/PopRep2009/>. Female enlistment reached its peak in FY2002 and FY2003 at 15.0%.

¹⁹³ Robert A. Klein, *Women Veterans: Past, Present, and Future*, U.S. Department of Veterans Affairs, Office of the Actuary, updated September 2007, pp. 8-9, available at http://www1.va.gov/vetdata/docs/Womenveterans_past_present_future_9-30-07a.pdf.

¹⁹⁴ U.S. Census Bureau, *2011 Statistical Abstract*, Table 519, <http://www.census.gov/compendia/statab/2011/tables/11s0519.pdf>.

¹⁹⁵ *Women Veterans: Past, Present, and Future*, pp. 8-9.

¹⁹⁶ Donna L. Washington, Elizabeth M. Yano, and James McGuire, et al., "Risk Factors for Homelessness among Women Veterans," *Journal of Health Care for the Poor and Underserved*, 21, no. 1 (January 2010), pp. 81-91.

¹⁹⁷ Jessica Wolfe et al., "Changing Demographic Characteristics of Women Veterans: Results from a National Sample," *Military Medicine* 165, no. 10 (October 2000): 800.

¹⁹⁸ Rachel Kimerling, Amy E. Street, and Joanne Pavao, et al., "Military-Related Sexual Trauma Among Veterans Health Administration Patients Returning From Afghanistan and Iraq," *American Journal of Public Health*, vol. 100, no. 8 (August 2010), pp. 1409-1412.

¹⁹⁹ *Ibid.*, p. 1411. The study looked at both male and female veterans who had reported experiencing military sexual trauma. The percentage of men who so reported was 0.7%.

²⁰⁰ *Ibid.*

²⁰¹ Anne G. Sandler, Brenda M. Booth, Michelle A. Mengeling, and Bradley N. Doebbeling, "Life Span and Repeated Violence Against Women During Military Service: Effects on Health Status and Outpatient Utilization," *Journal of Women's Health* 13, no. 7 (2004): 800.

Women veterans are estimated to make up a relatively small proportion of the homeless veteran population. Among veterans who are served in the VA's Health Care for Homeless Veterans program, women are estimated to make up 4.4% of the total.²⁰² As a result, programs serving homeless veterans may not have adequate facilities for female veterans at risk of homelessness, particularly transitional housing for women and women with children. Currently, six Grant and Per Diem programs funded through the Special Needs Grant target women veterans,²⁰³ and in FY2008, 4.1% of individuals placed in Grant and Per Diem programs were women²⁰⁴ while approximately 5% of veterans served in the Domiciliary Care for Homeless Veterans program in FY2008 were women, up from 3.3% in FY2007.²⁰⁵ The program that serves the highest percentage of female veterans is HUD-VASH; approximately 11% of veterans who have received vouchers are women.²⁰⁶ The VA Advisory Committee on Homeless Veterans noted in its 2008 report that "the need and complexity of issues involving women veterans to include women with children who become homeless are increasing" and recommended continued support through the Grant and Per Diem Special Needs grants.²⁰⁷

In the 110th Congress, the Veterans' Mental Health and Other Care Improvements Act of 2008 (110-387) added a provision to the statute governing the Domiciliary Care for Homeless Veterans program requiring the Secretary to "take appropriate actions to ensure that the domiciliary care programs of the Department are adequate, with respect to capacity and with respect to safety, to meet the needs of veterans who are women." In the 111th Congress, the Veterans' Benefits Act of 2010 (P.L. 111-275), signed into law on October 13, 2010, created an HVRP grant program specifically targeted to serve women veterans and veterans with children. The new program, like HVRP, will provide job training, counseling, and job placement services, but would also provide child care for participants. The program is authorized from FY2011 through FY2015 at \$1 million per year.

Author Contact Information

Libby Perl
Specialist in Housing Policy
eperl@crs.loc.gov, 7-7806

²⁰² *Healthcare for Homeless Veterans Programs: Twenty-Second Annual Report*, p. 48.

²⁰³ U.S. Department of Veterans Affairs, *Advisory Committee on Women Veterans Report 2010*, September 2010, p. 6, http://www1.va.gov/WOMENVET/docs/ACWV_Report_2010.pdf.

²⁰⁴ *Healthcare for Homeless Veterans Programs: Twenty-Second Annual Report*, Table 5-3, p. 190.

²⁰⁵ *Twentieth Progress Report on the Domiciliary Care for Homeless Veterans Program*, p. 9.

²⁰⁶ Statement of Pete Dougherty, Director, Homeless Veterans Programs, U.S. Department of Veterans Affairs, Senate Banking Committee, Subcommittee on Housing, Transportation, and Community Opportunity, *Ending Veterans' Homelessness*, 111th Cong., 1st sess., November 10, 2009.

²⁰⁷ *2008 Advisory Committee on Homeless Veterans Report*, pp. 12-13.